An Investigation into Primary Children's Feelings about Physical Disability: Some Implications for Special Educational Needs Provision

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ABSTRACT

The aim of the present research was to investigate the feelings of primary aged children towards physical disability and to consider the implications of the findings for those involved in the integration of disabled pupils into mainstream schools. The study involved pupils from two schools. One of these had disabled children on roll, while the other had no pupils with obvious disabilities. The pupils were from two age groups. Consideration was given to differences between these age groups, gender and ethnic differences and the effects of contact with disabled pupils. The researcher used semi-structured interviews, repertory grids and open-ended discussions with these pupils. Evidence indicated that there was a significant difference between the age groups. There were also indications of some gender and ethnic differences. It was also apparent that contact with disabled people had a positive influence. Consideration was given to the implications of these findings for integration and some suggestions were made as to the use of teaching the non disabled about disability, providing co-operative learning scenarios and presenting a programme of social skills teaching.

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CHAPTER I

INTRODUCTION

This study sets out to investigate the feelings of primary aged children towards disability and to consider the implications of these feelings for teachers and others involved in integrating disabled pupils into mainstream schools.

In recent years much attention, in educational and political circles, has been focused on the integration into mainstream schools of pupils with a variety of special educational needs. Among these pupils are those with a range of physical disabilities. It is the latter group which is the subject of the present study.

Many of these pupils have disabilities which would, at one time, have meant that they would have inevitably been educated in special schools, either for the physically disabled or for pupils with the types of learning difficulty which often accompany physical disability.

Since the Warnock Report (DES, 1978) and the 1981 Education Act, there has been a gradual movement towards educating many disabled pupils in mainstream schools alongside their non-disabled peers.

Period of the study

The present research was undertaken between 1989 and 1994. It began in the year following the introduction of the National Curriculum and Local Management of Schools, when those involved with special educational needs were beginning to come to terms with the implications of these reforms for pupils with special

educational needs. It continued through the debates occasioned by the work of the Audit Commission (Audit Commission/HMI 1992(a); (b)) and the 1993 Education Act (DfE, 1993a). Finally it saw the discussions on the draft Code of Practice (DfE, 1993b) and the issue of the final Code of Practice (DfE, 1994). The legislation and codes were to have major implications for the pupils who were the subject of the study. With the Code of Practice came the promise that there would be a pause in legislative changes for consolidation to take place. 1994, therefore, seemed to be the appropriate time to conclude the fieldwork.

The role of the researcher

The researcher is professionally involved in assisting pupils, teachers and parents with the process of integration. The specific purpose of the study was to assist the researcher in helping with this integration and, in particular, with the social aspect of such integration. By looking at children's constructs of disability, it was felt that clear evidence might emerge which could lead to the development of strategies to enable teachers and classroom assistants involved in attempts to integrate children with physical disabilities.

Aims and objectives

These two terms are often confused with one another. In this case the researcher has defined the aims as the aspirations for the study. They are a summary of what the researcher was hoping to achieve at the onset of the research. The objectives are taken to be the tasks which needed to be undertaken on the way to achieving these aims.

The aims of the present research were:

1. To summarise and analyse the legislation and associated papers in relation to pupils with special educational needs together with local education authority responses to the legislation.
2. To investigate the feelings of non-disabled, primary aged children to physical disability and to analyse these in relation to age changes, gender, ethnic differences and contact with children with disabilities.
3. To consider the implications of the findings for those involved in the integration of disabled children into mainstream schools.

In order to carry out this research the following ***objectives*** were set: -

Aim 1: The summary of recent legislation

1. To gather information about, and to analyse, the legislative framework for special educational needs. Such a framework would include Acts of Parliament, Government circulars, White papers and consultation documents. These would also be linked to documents giving the responses of local education authorities to the above (see chapter 2).

Aim 2: The study of primary school children's feelings about disability

2. To carry out a literature survey with particular emphasis upon exploring the uses of the terms *disability* and *handicap*, of *special educational needs*, and of *integration* and *mainstreaming* (See chapter 3).
3. To extend the literature search to include information about children's attitudes to disability, about preparations for the integration of disabled pupils into mainstream schools, and any attempts which had been made to change attitudes (see chapter 4).

4. To gather information about the portrayal of disabled people in literature and the media (see chapter 4).

5. To become familiar with the use of repertory grids for the elicitation of constructs about physical disability and to carry out a pilot study to help with decisions about the best ways in which to elicit elements and constructs from children (see chapter 5).

6. To obtain information about the schools attended by physically disabled children and the ethnic backgrounds of pupils in schools in the local education authority concerned, in order to decide on an appropriate sample of schools in which to conduct the research (see chapter 6).

7. To construct repertory grids for use with non-disabled children to elicit information about the complexity of constructs held by non-disabled children about physical disability (see chapter 6).

8. To summarise and analyse the findings (see chapter 7).

Aim 3: Implications of the findings.

9. To consider the findings, and any implications for those involved in attempting to integrate children into mainstream schools.

10. To consider implications for further research.

Reasons for the study - concerns about social integration

Over the years concerns had grown among the staff in the researcher's Learning Support Service, working with the pupils with physical disabilities, about the social aspects of integration. Difficulties were highlighted by the fact that schools often did not appear to consider social integration to be a problem. The

researcher's experience of attending meetings in schools about individual pupils indicated that the attention of both teachers and parents was usually focused on the practicalities of access to the building, and on the educational implications of disability. There were very few occasions on which any discussion took place about social implications. In most cases the only references made were to the perceived happiness of the pupil and to the helpfulness of the class. Only where there were major behavioural difficulties were social aspects discussed in any detail.

For example, at a primary school in the local education authority concerned, in the Summer of 1990, there was a meeting to discuss the progress which had been made in the integration of Andrew. The latter was a boy with cerebral palsy, who was being integrated into mainstream school from a special school setting. The initial discussions centred on his access to the school building and how this was being improved. This was followed by a review of his curricular needs. Only when these topics had been dealt with, and the teacher made a comment about Andrew appearing to be happy at the school, did his mother indicate that he did not appear to have made many friends. This gave the researcher the opportunity to discuss the need for Andrew to be with his peers at social times of day, and for the school to address issues such as playing with children in wheelchairs. The pattern of this meeting was one which the researcher found to be very usual.

The researcher has had the opportunity of watching the progress of many physically disabled pupils in mainstream schools - often over the course of

several years. Observations in classrooms and playgrounds, together with conversations with some of the pupils themselves, suggested that they might not be so well integrated as was often assumed. Indeed it seemed possible that a number of the pupils were very much on the fringes of the school community.

Previous study by the researcher

As a result of these concerns the researcher undertook a small-scale study into the social integration of some pupils who were the responsibility of the support service of which the researcher was the Head (Flockton, 1989). The study was undertaken in three primary schools with physically disabled pupils on roll. A variety of techniques - interview, observation and sociometric analysis - was used. Initially the teachers of the selected pupils were interviewed about the presence of physically disabled pupils in their classes, and asked how they viewed the social integration of these pupils. All the responses were very positive, with the teachers being supportive of the integration of disabled pupils and suggesting that such pupils were well integrated into their classes.

Following the discussions with teachers, pupils in the classes were interviewed. In the interview situation the children appeared to have a positive attitude to their physically disabled peers and talked about ways in which they were involved in social activities both within and outside the classroom. The sociometric analysis gave a more varied picture, with some of the physically disabled pupils appearing to be very popular with their peers, while others were virtually ignored. The researcher's observations in a variety of situations in the classroom, at playtimes,

mealtimes and registration, suggested that often the physically disabled pupils did not integrate well and that they were often very isolated.

The results of this initial research suggested that there were a number of issues surrounding the integration of physically disabled pupils which needed further investigation, and these issues are reflected in the aims and objectives of this study.

CHAPTER II

SUMMARY AND ANALYSIS OF LEGISLATION

The researcher will provide an overview of the national picture with regard to special educational needs legislation, and then move from the more global view to the specific situation in which the researcher is involved. This chapter will, therefore, set the study within the context of relevant educational legislation since the Warnock report (DES, 1978), and link the legislation with the development of the responses of many local education authorities to the legislation. It will then consider the implementation of the legislation in the researcher's own local education authority and the impact on the researcher's work in the field of special education. Its aim, therefore, is to move from the national to local and individual settings.

Choice of legislation and associated government papers

The researcher has chosen to include references to, and details of, all the legislation enacted between 1981 and 1993 which affected special educational needs. While this study is concerned with pupils with physical disabilities, it is felt necessary to give a broader picture of the framework of special education during these years in order to show the responses to the legislation and the effect on the researcher's role in this field. In most cases the legislation and the responses to it were of a general nature, rather than being aimed at dealing with one particular aspect of special educational needs, such as physical disability. So, for example, matters such as statementing and the process of integration affected pupils with all types of special educational need.

Most of the legislation referred to dealt only in part with special educational needs, and these aspects will be highlighted. Any new legislation is preceded by a range of consultation papers and followed up by circulars giving more specific details of various parts of the legislation. Once legislation is being put into practice, there are reports from various groups such as Her Majesty's Inspectors and the Audit Commission giving accounts of the success or otherwise of the implementation. The researcher has chosen to use those which help to highlight and explain the developments taking place during the relevant years.

Within the text below is a set of tables (I-IV) which summarise the legislation, together with major reports, in national and local contexts, to highlight the effects at the various levels mentioned above. The principal legislation dealt with in the text has been included, together with the major reports which affected and, indeed, led to that legislation (Table I). Not all reports and circulars mentioned in the text are included in the chart. The researcher has selected those which evoked a direct response from local education authorities. It is intended that the inclusion of the tables will enable the reader to follow the pattern of response from the national level (Table II), through to the local (Table III) and individual level (Table IV).

TABLE I - THE LEGISLATIVE FRAMEWORK

Date	Act/Report	Content
1978	Warnock Report	Education of pupils with special educational needs
1981	Education Act	Statements/Integration
1988	Education Reform Act	National Curriculum/Local Management of Schools/ Entitlement Curriculum
1989	Children Act	Children in need/welfare of the child
1992	Audit Commission reports: *Getting in on the Act/Getting the Act Together*	Duties of schools and local education authorities for pupils with special educational needs
1993	Education Act	Special educational needs provision and policies
1994	Code of Practice	Provision for special educational needs

The Warnock Report and the 1981 Education Act - their importance in the field of special education

The Warnock Report - defining and meeting special educational needs

The watershed in the development of education for pupils with special educational needs was the publication in 1978 of the Warnock Report. This report encompassed the findings of a Committee chaired by Mary Warnock. Among the most important features of the report was the attempt to move away from the categorisation of pupils by their handicap and a movement towards looking at pupils as individuals, each with his or her individual needs. The report also stated

that special educational needs are not caused solely by deficiencies within the child. They result from interaction between the strengths and weaknesses of the child and the resources and deficiencies of the environment. Special educational needs occur in a continuum of degree of severity and so it is not meaningful to attempt to draw a hard and fast line between the disabled and the non-handicapped.

The aim was to place each pupil in the type of educational environment best suited to meet his or her needs, and not send pupils to particular types of school because they appeared to have particular types of handicaps. Pupils would no longer be described by their handicap, but would be said to have "special educational needs". This change was of particular importance to the pupils who are the subject of this study as the needs of disabled children are various and they do not all need to be educated in the same setting. The report emphasised that the aims of education are the same for all children although the means needed to achieve these might be different for pupils with special educational needs, as might the extent to which the aims could be achieved.

A new procedure - the Statement of Special Educational Needs

In order to facilitate the aim of placement matching need, there came into existence the Statement of Special Educational Needs. Each pupil who was felt to need some type of educational provision not generally available in a mainstream school would be entitled to a multi-professional assessment, which could then lead to a statement of his or her special educational needs.

The assessment would include reports from the child's school and any teachers from outside the school who might be involved with the child; from the Educational Psychologist; from the Health Services; from the parents. In addition Social Services would be asked if they had any involvement with the young person which would be relevant. These reports would be sent to the local education authority and, if staff supported the view that the child had special educational needs to the degree described above, a statement would be written.

This statement would describe the needs of the pupil, and also indicate what the local education authority thought should be done to help the pupil have access to the curriculum. The statement would indicate any additional help which a pupil might require in a mainstream school setting, for example from a teacher or classroom assistant. It would list any special equipment which a pupil might require - of especial importance for pupils with physical and sensory disabilities. It would also indicate the type of school (mainstream or special, day or residential) best suited to a child, and name the school.

As a statement dealt with educational needs it would not be possible for the local education authority to commit the resources of other services, but there would be a section for non-educational provision in which the local education authority could indicate a child's need for help from such people as speech and language therapists, physiotherapists and occupational therapists.

There was a legal requirement for these statements to be reviewed annually, with the possibility of alterations being made to reflect changes in a child's needs or

placement. There was also a statutory reassessment at 13+ to take into account a young person's needs as she or he entered the last years of compulsory schooling.

Emphasis on parental involvement

One of the most important aspects of the Warnock report (DES, 1978) and the 1981 Act, which was carried into the whole process of statementing, was the close involvement of parents in the decisions being made about the future of their children.

> We have insisted throughout this report that the successful education of children with special educational needs is dependent on the full involvement of their parents: indeed, unless the parents are seen as equal partners in the educational process the purpose of our report will be frustrated. (DES, 1978, 9:1)

Prior to this date, the ways in which parents had been involved varied considerably from authority to authority, and often from school to school, and many parents felt that they had little or no say in decisions about their children - especially when they were told that their child needed to go to a special school. This feeling was particularly prevalent among parents of disabled children who, because of the additional medical involvement, often felt that decisions about their children were removed from their hands. The concept of parents as partners began to grow from this report and legislation.

The movement away from categorisation

In line with the movement away from categorisation, and towards a more positive image for young people with special educational needs, much of the old terminology which had previously been used was replaced. So, for example, those who had been described as "maladjusted" became "pupils with emotional and

behavioural difficulties"; while those who had been "educationally subnormal" were described as having "severe" or "moderate learning difficulties". Special schools were renamed accordingly.

> We recommend that the term 'children with learning difficulties' should be used in future to describe those who are currently categorised as educationally subnormal and those with educational difficulties who are often at present the concern of remedial services.....We believe that the term we have proposed, which will be used for descriptive purposes and not for any purpose of categorisation, is preferable to the existing label because it gives more indication of the nature of the child's difficulties, and is less likely to stigmatise the child. (DES, 1978, 3:26)

The importance of integration

From this report also came the encouragement to educate pupils wherever possible in mainstream schools. The report concluded that one child in five was likely to have special educational needs at some time. Of these, some 2% were, at the time the report was written, requiring special education in the traditional sense of separate provision. Since some 20% of pupils were identified as on the continuum of special educational needs, the majority would have to be identified and helped within the ordinary school.

> Our report envisages a considerable improvement in special educational provision in ordinary schools to meet the needs of a significant proportion of their pupils who are likely to require such provision.....We also expect an increasing proportion of children who at present receive separate special education to be educated in ordinary schools. (DES, 1978, 7:61)

All schools have a responsibility to identify and meet pupils' special educational needs and all children and young people should be educated alongside their peers as long as their needs can be met and it is practicable to do so. No longer should pupils automatically go to special schools because they had significant special

needs. Each child must be looked at as an individual and a decision made about the best educational environment for that child. In reaching this decision, the Warnock Committee paid particular attention to the report of the Snowdon working party on *Integrating the Disabled* (1976), and the 1976 Education Act which said that handicapped pupils should be educated in ordinary schools in preference to special schools. This aspect of the report was of particular importance to the movement for integration which was already developing and especially for physically disabled pupils who had often been segregated because of their disabilities.

The recommendations of the Warnock report (DES, 1978) were enshrined in legislation in the 1981 Act which was the first act to deal specifically with special educational needs. It was implemented in 1983. The report and legislation were to have a major impact on those pupils who were the subject of the present study. No longer would pupils with physical disabilities be sent to schools for the physically disabled solely because of their particular disability. Instead each pupil would be looked at as an individual, and his or her needs assessed. So, for the pupils with whom this study deals, the degree of physical disability would be considered, but so would other aspects such as any learning difficulty which he or she might have. Only when a full picture of the pupil emerged from the assessments would a school placement be suggested. If it were felt to be right for the pupil to attend a special school because of the severity of the physical disability and/or learning difficulty, this would be suggested. However, it became clear that, with proper support, many pupils with physical disabilities could be

integrated into mainstream schools (Booth & Potts 1983; Booth, Potts and Swann 1987; Halliday, 1989).

The Education Reform Act 1988 - major changes in education policy and the effect on pupils with special educational needs

Local Management of Schools

In 1988 the Education Reform Act (DES, 1988), which made major changes to the management of schools and to the curriculum taught in those schools, became law. This was an Act which was designed to change the face of education in England and Wales. It introduced the concept of local management of schools, giving schools more responsibility for their own budgets and therefore more control over decisions affecting the running of the school. In line with this, the composition of governing bodies was changed, involving a wider range of people, including parents, in the management of schools.

The National Curriculum

The Act also set in motion the development of a National Curriculum, which was to lay down the subjects to be taught in schools, and the contents of the curriculum in those subjects. The curriculum was divided into four key stages corresponding to the phases of education - Key Stage 1 for the infants, Key Stage 2 for juniors, Key Stage 3 for lower secondary pupils and Key Stage 4 for the last two years of compulsory education. Each subject in the curriculum was also divided into 10 levels of achievement, giving children of different abilities the opportunity to achieve at different levels. Closely linked with this was to be the development of national testing at the end of each of the Key Stages.

Also included in the Act were regulations for recording progress, for reporting to parents on the progress of their children, and for schools to report on the results achieved by their pupils at each Key Stage. These results would then be used to draw up school performance tables in order that schools could be compared with one another.

Implications for special educational needs

Although the 1988 Act was a general education act, it was to have major implications for pupils with special educational needs. One of the potential benefits for pupils with special educational needs was that the National Curriculum was seen as an "Entitlement Curriculum". Every pupil was entitled to have access to the full range of subjects in the National Curriculum.

> All pupils share the same statutory entitlement to a broad and balanced curriculum, including access to the National Curriculum. The National Curriculum framework, and specific provisions within it, will offer very wide scope for teachers to deal with the full range of individual needs. (DES, 1989, 8:1)

Prior to this Act, pupils with special educational needs had not always been given the opportunity to participate in all areas of the curriculum. In many mainstream schools there were pupils who spent much of their time in attempting to acquire the basic skills of literacy and numeracy, at the expense of involvement in other aspects of the curriculum. Many special schools also had a narrow curriculum, concentrating on life skills and independence training, often with little access to subjects such as Science, Technology, and Modern Foreign Languages.

The Act also indicated that there would be ways in which the National Curriculum could be adapted so that those with significant special educational

needs could benefit from it as far as they were able. The ten levels were seen, by many involved in special education, as helping in this area. The overlap of levels of attainment and programmes of study at each key stage also meant that pupils would be able to work according to their needs and abilities.

> Basing objectives for attainment on 10 levels covering the period of compulsory schooling means that both the normal progression for a pupil over time, and differences in ability, performance and maturity can be accommodated. Virtually ALL pupils will be able to record some progress through these levels. (DES, 1989, 8:2)

The flexibility given to teachers in determining their teaching approaches and ways of delivering the programmes was meant to allow for different ways of doing things to help those with special educational needs (NCC, 1989). In this context the needs of pupils with sensory and physical disabilities were highlighted. The aim was to allow as many pupils as possible access to the National Curriculum, and to ensure that the wording of the attainment targets did not raise avoidable barriers for those with particular kinds of disability or learning difficulty. In particular no pupil was to be deprived of access to Mathematics and Science on the grounds of disability and the targets were meant to be worded in such a way as to ensure maximum accessibility.

Modification and disapplication

Modification refers to the need to alter part/s of the National Curriculum to enable a pupil to have access to that curriculum. Disapplication indicates that a pupil is not involved in specified parts of the National Curriculum. For pupils with statements of special educational need unable to access the whole curriculum, the statement could be used to modify or disapply National

Curriculum requirements. For pupils with physical disabilities, this often meant disapplication from those aspects of the curriculum which they could not access because of physical limitations. If they also had learning difficulties, some curriculum modification might also be necessary. The Act also introduced the concept of disapplication from the National Curriculum for those without statements of special educational need who were unable to participate in the whole range of subjects. (Full details of this were given in Circular 15/89.) This could be a short term disapplication for six months, with the possibility of an extension for another six months. However, a head teacher wishing to disapply a pupil would have to show how the pupil's time was to be used during the time she or he would have been taking part in the particular subject, and also how the pupil was to be given access back into the subject at the end of the period of disapplication.

Pupils with statements could also be disapplied from National Curriculum assessments and, if they participated, their levels did not have to be reported in the overall results for their schools. Thus for example, Circular 12/92 which was concerned with Key Stage 1 assessment arrangements indicated that pupils with statements of special educational needs could be exempted from the Standard Assessment Tasks if their statements provided for the disapplication or modification of the statutory assessment arrangements in whole or in part. However the document recommended that, in general, pupils with statements should be treated as other pupils wherever practicable.

> Wherever pupils are able to benefit from the National Curriculum and are following the relevant programmes of study, their progress should be properly measured, recorded and reported in terms of the attainment target levels and in line with statutory arrangements. (DfE, 1992a)

Effects of the legislation on special educational needs

The Act led to a surge of activity in schools and local education authorities, not least in regard to the whole area of special educational needs. Among the responses, the Act led to many developments in finding ways of helping pupils with a whole range of special educational needs to have access to all areas of the curriculum.

While there were concerns about the testing of pupils with special educational needs in terms of the National Curriculum, the complexities of the process of temporary disapplication mean that, in the researcher's experience, disapplications of this type appear to have been little used. More use has been made of the opportunity to disapply pupils with statements of special educational needs - although even such disapplications have been limited. In the main, the regulation seems to be used to exempt pupils with physical and sensory disabilities from particular activities rather than complete subjects in the curriculum. The regulation has also been used to give some pupils, particularly of secondary school age, more time to spend on other areas of the curriculum. One of the most common exemptions is from a Modern Foreign Language.

In the years following the 1988 Act there was a considerable increase in the requests made to local education authorities for statements of special educational

need (Evans & Lunt, 1990; Nicholson, 1991; Mittler, 1991). "Increases in referrals (for statements) of over 50% in some cases were witnessed in the year covering the introduction of LMS" (Lee, 1992, p295). There seem to have been many reasons for this increase, but two in particular which bore direct relation to the Act. Firstly, schools were very concerned about managing their own budgets at a time of economic cutbacks and saw the statement as a way of ensuring additional funding for pupils from the local education authority without demands being made on their own budgets (Norwich, 1990; Bowers, 1991). Secondly, some schools were very concerned about the notion of school performance tables and realised that statemented pupils would not have to appear in these tables (Norwich, 1990). There was also evidence that some schools were limiting the intake of pupils with special educational needs (Evans & Lunt, 1990).

Thus the special educational needs policy options group reporting (1993-4) on a series of seminars held in 1992-3, suggested that the impetus of the 1981 Education Act had been stopped by the Education Reform Act. The authors felt that the Act, with its emphasis on attainments, on publication of results, and on parental choice, seemed likely to work against children with special educational needs.

Circular 22/89 - A review of the 1981 Act in the light of the Education Reform Act

The years following the publication of the Education Reform Act saw a large number of reports, circulars, and documents from agencies such as the National Curriculum Council and the School Examinations and Assessment Council

dealing with, or referring to, various aspects of special educational needs. Circular 22/89 (DES, 1989b) entitled *Assessments and Statements of Special Educational Need: Procedures within the Education, Health and Social Services* was a review of the implementation of the provisions of the 1981 act in the light of experience since 1981.

It drew on the report of House of Commons Committee *Implementation of the Education Act 1981* (HOC, 1987) which had been issued in 1987 and had made recommendations based on evidence from a wide range of organisations in the field of special education. The Circular linked these findings with the provisions of the Education Reform Act. Its main purpose was to offer advice to local education authorities, district health authorities and social service departments on reviewing procedures concerned with the making of assessments and statements. This was of particular importance in looking at the needs of young people with physical disabilities, as both health and social services often had a major part to play in assessing and meeting their needs.

Funding issues

Referring to the requirement in the 1988 Act for every local education authority to prepare a scheme for Local Management of Schools the circular pointed out that local education authorities had discretion as to whether or not they delegated provision for pupils with statements of special educational need in ordinary schools. Where such provision was delegated, the formula for allocating resources had to take account of the need to channel resources to meet the needs

of pupils in such schools. The local education authority retained its duties under the 1981 Act to ensure that the provision specified in the statement was made for pupils with statements and local education authorities were expected to reflect this in the conditions of the scheme. It was for the school to consider how best to deploy its overall resources to offer the necessary provision, but it would be obliged to offer what was specified in the statement.

Where costs of pupils with statements were delegated, the local education authority retained responsibility for identifying, assessing and determining the provision required for individual pupils with special educational needs and would allocate additional resources as additional children were identified. It was emphasised that children with special educational needs would stand the best chance of receiving the quality of education which they required if their needs were identified in their first years at school, assessed thoroughly, and provided for promptly and appropriately. Where funds were delegated, the local education authority remained responsible for annual reviews and mandatory reassessments and for ensuring that appropriate provision was made and maintained.

The Circular pointed out that the 1981 Act had made it the responsibility of local education authorities to "have regard to the need for securing that special educational provision is made for pupils who have special educational needs" (DES, 1989b, Sec.14). Since the implementation of that Act attention had tended to focus on the (approximately) 2% of the school population who had statements. It was important that local education authorities and governors could satisfy

parents of children without statements that appropriate educational provision would be made in schools to meet their particular needs. While pupils with physical disabilities tend to be the subjects of statements, there are a number who fall into the (approximately) 18% who do not have a statement. The way in which local education authorities, therefore, dealt with the financing of special educational needs was of great importance for both statemented and non-statemented pupils.

The 1981 Act placed local education authorities under a duty to secure that, subject to conditions, children with statements should be educated in ordinary schools and that they should share in the activities of mainstream schools together with pupils without special educational needs. The 1988 Act aimed to raise the expectations of all pupils, including those with statements of special educational need. Its provisions were intended to ensure that these expectations were appropriate so that all children, including those with statements could benefit to the best of their ability.

A Curriculum for All (1989) and the Special Needs Task Group - access to the curriculum for pupils with special educational needs

Following the 1988 Education Act, the National Curriculum Council set up a series of working parties, or "task groups", to consider various aspects of the curriculum. The findings of these groups were published in a series of booklets of " Curriculum Guidance". The Special Educational Needs Task Group was set up in February 1989. It was concerned with access to the curriculum for pupils with special educational needs, with or without statements, in ordinary schools,

special schools and units. Its initial work was in the National Curriculum Council Circular Number 5 (*Implementing the National Curriculum - Participation by Pupils with Special Educational Needs, 1989b*) which was issued to schools in May 1989 and dealt with the principle of participation in the curriculum for all pupils.

Having dealt with the principles, the group moved on to practice and its findings were published in September of the same year as *A Curriculum for All (1989a)*. This publication looked at ways of making the National Curriculum accessible to pupils with special educational needs, at the issues of modifying the curriculum for such pupils and at future assessment arrangements. It gave examples of ways in which pupils with a very wide range of special educational needs could participate in Mathematics, Science and primary English. It suggested alternative means of access for those with specific educational needs, for example: physical disabilities and hearing and visual impairments.

> What '*A Curriculum for All*' has succeeded in doing for many teachers is to reassure them that pupils with special educational needs are not being left out, that all children share the right to a balanced and broadly based curriculum and that, as the opening sentence of chapter 2 says 'translating the principles of entitlement and access to the National Curriculum into daily provision....begins with existing good practice.' (Peter, 1992, p313)

The Children Act 1989 - its effects on the education of pupils with special educational needs

1989 saw the passing of the Children Act. This was an attempt to draw together and rationalise the legislation which existed about many aspects of the care of children and young people. Much of the content of the Act related to the work of

Health and Social Services but there were also many responsibilities for those involved in the education of children. Below are mentioned only those aspects which directly affected pupils with special educational needs.

The Act commenced with a clear direction that the overriding concern in deciding matters of a child's upbringing or property should be for the child's welfare. It also introduced a new term into child care law - that of "Children in Need". A child was considered to be in need if:

(a) he or she was unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him or her of services by a local authority; or

(b) his or her health or development was likely to be significantly impaired, or further impaired, without the provision for him or her of such services; or

(c) he or she was disabled.

The definition of disability was taken from the (somewhat outdated) National Assistance Act (1948) and covered a child who was blind, deaf or dumb or who suffered from mental disorder or who was substantially and permanently handicapped by illness, injury or congenital disorder. Development meant physical, intellectual, emotional, social or behavioural. Health meant physical or mental health.

Every local authority had a duty under the Children Act to take reasonable steps to identify the extent to which there were children in need in its area. A register

had to be kept of all disabled children. Whilst there was no specific duty to assess the individual requirements of each child in need, the Act assumed that an assessment would be necessary and provided that this could be carried out at the same time as assessments required under other legislation such as the 1981 Education Act.

While there was a distinction between children defined as "in need" under the Children Act, and those with "special educational needs", the services which each required needed to be coordinated effectively by collaboration between local education authorities and social service departments. As Circular 22/89 (DES, 1989b, Sec.17) stated "the extent to which a learning difficulty hinders a child's development does not depend solely on the nature and severity of that difficulty". The children who were the subject of this study were among those most affected by this part of the legislation, since those with physical disabilities were among the main categories of children deemed to be in need.

One of the main implications for those working with pupils with special educational needs lay in the emphasis given on consulting these pupils about their education and school. In practice, this meant that, wherever possible, pupils should be involved in the reviews of their statements and be part of the decision making process about their future education.

The work of the Audit Commission - its importance for future legislation

Concerns about the implementation of the 1981 Act

By the early 1990s, concerns were being expressed in many quarters about various aspects of special educational provision. Over the years since the 1981 Act, there had been a growth in the number of groups which had been formed to support children with special educational needs - and in particular to advise their parents about their rights and the duties of local education authorities. Some of these were developments of the work of charities which had existed for many years such as the Spastics Society and the Down's Syndrome Association. These, as their names suggest, were dealing with one particular aspect of special educational need.

Other groups were set up to reflect the concerns of parents, for example: Charter 89 which supported parents of children with a wide range of special educational needs and IPSEA (the Independent Panel of Special Education Advisers) which advised parents on the statementing procedure. Support and information were given on a variety of aspects of special educational needs legislation and, in particular, about the statementing process. As well as advising individual parents, many of these groups were involved in campaigns for integration of pupils with special educational needs into mainstream schools. Of major importance for disabled pupils and their parents was the CSIE (Centre for Studies on Integration in Education) which has been one of the leading forces in raising awareness of the rights of children and young people to education in an integrated setting.

Among the concerns being voiced, particular mention was made of the length of time some local education authorities were taking to write statements, and of the widely differing numbers of pupils for whom statements were being issued (Nicholson, 1991). It also became clear that there were considerable differences between local education authorities in the percentages of pupils in special schools (Swann, 1989). Linked to this were questions about the ways in which schools and local education authorities were dealing with those pupils whose special educational needs were not of the order to warrant a statement. Closely bound up with these questions was the whole issue of the financial support available for such pupils.

Both professional and parental groups concerned with pupils with physical disabilities were among those active at this time, with particular concerns being voiced about integration issues, levels of support available to disabled pupils, the effectiveness of the inclusion of the various therapies on statements, and the time taken, in some local education authorities, to produce statements.

The findings of the survey

Such concerns led to a survey being carried out in 12 local education authorities by the Audit Commission and Her Majesty's Inspectors of Education. The findings were published in a document entitled *Getting in on the Act* (1992a) which was later followed by a series of recommendations *Getting the Act Together* (1992b).

The first of these reports presented practice which schools and local education authorities should implement to provide more effectively for pupils with special educational needs. The second, which was described as a *Management Handbook for Schools and Local Education Authorities*, focused on issues such as special needs policies, identification, improving schools' capability for meeting special educational needs, issuing statements in good time, delegating funds for non-statemented pupils, providing support teams, inspection, resources, and special schools.

As in all reports since 1978, the emphasis was on meeting the needs of pupils with special educational needs in mainstream schools, wherever possible.

> Local education authorities should increase the capability of ordinary schools to provide for pupils with special needs...The main aim is to increase the capability of ordinary schools so that they are able to provide for pupils with special needs from their own resources (Audit Commission/HMI, 1992b, Sec.33)

***Choice and Diversity* - towards the 1993 Education Act**

Another document published in 1992 was the Government White Paper *Choice and Diversity - A New Framework for Schools* (DES, 1992b). This was the white paper which preceded the 1993 Education Act. The introduction to this consultation paper stated that "the Government are determined that every child in this country should have the very best start in life" (Foreword iii).

It listed its principles as:

1. More parental choice
2. Rigorous testing and external inspection of standards in schools
3. Transfer of responsibility to individual schools and their governors

4. Above all, an insistence that every pupil everywhere has the same opportunities through a good common grounding in key subjects. (Foreword iii)

While much of the paper dealt with issues across the whole range of education, some sections focused on special educational needs, and others referred to both pupils with and without these needs.

Referring to the 1988 Act as having established a framework for the National Curriculum which had guaranteed to all pupils the same grounding in essential subjects, it went on to stress the importance of meeting the needs and aspirations of all pupils. It emphasised that the approach for all children was based on the needs of the individual child and indicated that the Government was committed to improving the educational opportunities for children with special needs, and to strengthening the involvement of parents.

It indicated that, having reviewed the 1981 Act, there was a clear need to develop and to improve arrangements for assessments and statementing; to give parents a right to express preference for their child's school; and to provide avenues of appeal. Once again, the principle was highlighted that pupils with special educational needs should be educated in ordinary schools to the maximum extent possible.

A more detailed review of the provisions of the 1981 Act and The Special Educational Needs Regulations (1983), together with a series of proposals, was set out in the consultation paper *Special Educational Needs: Access to the System* (DfE 1992a).

The proposals of this review fell under the following headings:

1. Choice of schools
2. Procedures for making assessments and statements
3. Guidance (when to assess)
4. Appeals
5. The tribunal

National Curriculum Council Survey - teachers' views of special educational provision

In 1993 the National Curriculum Council conducted a survey among teachers which was published as *Special Needs and the National curriculum: opportunity and Challenge* (NCC, 1993). This found that teachers who took part in the survey supported the entitlement to a broad and balanced curriculum; that they did not like the negative concept of disapplication; that there was a belief that there was a wider curriculum apart from the National Curriculum to which all should have access; that there was a desire to develop a broader system of assessment; that there was a wish for clear criteria for the writing of statements and annual reviews; and that teachers wanted guidance on differentiation.

These teachers put pupils into three main groups: those with exceptionally severe learning difficulties, those with other learning difficulties, and those with physical and sensory difficulties. It was pointed out by many who participated in the survey that those with physical disabilities were not necessarily a discrete group as they could also have learning difficulties (mild, moderate, severe, or specific), or might have emotional or behavioural difficulties. Pupils with physical

disabilities might need more work on communication, physical and social skills in order to access the National Curriculum. This might cut across teaching time available for the National Curriculum. Some aspects of the curriculum could be particularly difficult as demanding specific physical/coordination skills, for example, Physical Education, Science, and Technology.

Other issues raised included the need for pupils to work at levels below those at the designated key stage; the ways in which other priorities, such as therapies, cut across teaching time for the National Curriculum; and the wish for more emphasis on teacher assessment.

The 1993 Education Act and *the Code of Practice*

The background

In 1993 another Education Act went through Parliament (DfE, 1993) As with its predecessor in 1988, it was a general education act, but this time it contained a section (part III) specifically on special educational needs. The existence of this came about due to the work of the Audit Commission and HMI, together with the pressure being exerted by both parental and professional groups. There was widespread dissatisfaction with the way in which many local education authorities were meeting the objectives of the 1981 Act (Male, 1994).

Parents felt that their expectations had been raised by the 1981 Act and by the Parents' Charter, but these were not always being met. Professionals were concerned about the wide range and variety of services being offered to pupils with special educational needs and the financial problems which meant that many

local education authorities and schools had difficulty meeting parents' expectations and pupils' needs. Consultation also indicated that, for various reasons, there were concerns about access to the curriculum.

As local management of schools developed, local education authorities had less centrally-held money available to pay for services to pupils with special educational needs. Over the years central government increased the percentage of local authority funds which had to be delegated to schools, with 90% due to be reached in 1995. This meant that only 10% of a local education authority's budget would be available to pay for all services which had to be held centrally, of which special education was only a part. Linked to this were concerns about the increased demand for statements which was putting pressure on both the professional and financial systems in many authorities.[1]

The 1993 Act tried to address the concerns about special educational provision, outlining the responsibilities of teachers, schools, and local education authorities. It was followed in 1994 by a *Code of Practice on the Identification and Assessment of Special Educational Needs.* The foreword to the Code indicated that the aim of the Code was to:

> help schools and LEAs obtain best value from the considerable financial resources and expertise they devote to the education of children with special educational needs of various descriptions, from those who need a little extra help to those with more serious learning difficulties. (DfE, 1994, Foreword 1)

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1 A local education authority has financial responsibility for all statemented pupils who live within its boundaries, wherever they are educated ie in local education authority schools, grant maintained schools, independent schools, or schools belonging to other local education authorities.

The main features of the Act and the Code (DfE , 1993,1994) were:

1. Every School had to publish a policy on special educational needs, and report on the implementation of that policy in the annual report to parents.
2. All but the smallest schools had to have a special educational needs coordinator who had a range of duties implementing the policy.
3. Schools and local education authorities were to adopt a staged approach to meeting the special needs of pupils. The Code suggested five stages:

(i) Stage 1 which would encompass the work of the class/subject teacher.

(ii) Stage 2 which would include the involvement of the special needs coordinator.

(iii) Stage 3 at which the local education authority central services would be brought in to advise and/support.

(iv) Stage 4 would be a multi professional assessment of a pupil's needs.

(v) Stage 5 would be the issue of a statement of special educational needs if this were appropriate.

4. Clear guidelines were laid down for the carrying out of the assessment with a time limit of six months for the whole process, other than in exceptional circumstances.
5. A more formal procedure was laid down for annual reviews.
6. A system of special educational needs Tribunals was set up, for parents to appeal against various decisions of local education authorities - for example, if the authority declined to make an assessment, or to issue a statement, or if

parents were not happy with the contents of a statement or the suggested educational placement for a child.

7. Emphasis on the role of parents was made at all stages.
8. The involvement of the pupils in decision-making was emphasised
9. Guidance was given as to the role of health and social services with pupils with special educational needs.

Pupils in mainstream schools

Underlying the 1993 Act and clearly stated in the Code was, once again, the assumption that, wherever possible, pupils should be educated in mainstream schools.

> The Code recognises that there is a continuum of special educational needs and that such needs are found across the range of ability. The Code also recognises that the continuum of needs should be reflected in a continuum of provision...(DfE, 1994, Foreword 9). The special educational needs of most children can be met effectively in mainstream schools, with outside specialist help if necessary.....(DfE , 1994, Foreword 10). Children with special educational needs, including children with statements of special educational needs, should, where appropriate and taking into account the wishes of their parents, be educated alongside their peers in mainstream schools (DfE , 1994, 1:2).

In giving advice to schools and local education authorities on the assessment of pupils and the probable need for the issue of a statement, the Code dealt with a variety of learning difficulties and disabilities. In the section on physical disabilities the emphasis, as with all aspects of special educational needs, was on helping pupils have access to the curriculum.

> A child's physical disabilities may be the result of an illness or injury, which might have short or long-term consequences, or may arise from a congenital condition. Such difficulties may, without action by the school or the local education authority, limit the child's access to the full

> curriculum. Some children with physical disabilities may also have sensory impairments, neurological problems and learning difficulties. (DfE, 1994, 3:71)

The 1993 Education Act and The Code of Practice came into effect on 1st September 1994 and at the time of writing, schools and local education authorities are developing ways of implementing the Code of Practice. At the same time the Office for Standards in Education (OFSTED) which is the inspectorate set up under the 1993 Act, has begun to monitor special educational needs using the Code of Practice.

From that date, most provisions of the 1981 Act were repealed, although statements made under that Act remained valid legal documents, and there were interim arrangements for those pupils for whom assessments were in progress.

TABLE II - THE RESPONSE OF LOCAL EDUCATION AUTHORITIES TO LEGISLATION

Date	Act/Report	Response
1978	Warnock Report	Awareness raising
1981	Education Act	Statementing procedures put in place; LEA Support Services set up; Intervention procedures developed.
1988	Education Reform Act	Support for NC development for SEN; Variety of responses to LMS.
1989	Children Act	Procedures with Health and Social Services; INSET; pupils consulted at reviews
1992	Audit Commission	Revision of statementing procedures; fresh look at SEN provision; roles of support services reconsidered
1993	Education Act	Training programmes to meet demands of Act; procedures to fit in with Act.
1994	Code of Practice	Training programmes; revised procedures; clear stages of responsibility for schools and LEAs including support services

KEY

LEA	- Local Education Authority
SEN	- Special Educational Needs
LMS	- Local Management of Schools
NC	- National Curriculum
INSET	- In Service Training

The response of local education authorities to legislation

After the passing of the 1981 Education Act, local education authorities had until 1983 to put the various aspects of the legislation into practice. In most cases they took some time over considering the implications of the Act, and ways of responding to it. Most began the process of statementing pupils, often mainly for those who would need a place in a special school. The statementing of pupils for mainstream education began very slowly. At the same time thought was being

given to the whole issue of integration. A few authorities (for example, Newham) eventually decided to move towards total abolition of special schools, but most decided on maintaining the availability of a mixture of mainstream and special education. This decision was in line with the wishes of many parents with children in special schools who wished these schools to continue to be available for their children (Sandow & Stafford, 1987). The policies adopted by different local education authorities clearly would have a major impact on disabled pupils since they would have a direct effect on the amount of social interaction which would take place between disabled and non-disabled pupils.

The development of support services

The presence of statemented pupils in mainstream schools led to the development of a wide range of support services to help those pupils to have access to the curriculum. Prior to Warnock, many local education authorities provided peripatetic teaching services to schools to assist pupils with particular difficulties. The most common form was 'remedial education', whereby specialist teachers helped children to improve their literacy skills, usually by withdrawing them from lessons. The pupils were taught individually or in small groups in the school or in a centre.

In some authorities a whole range of new services was planned, but in others such services grew up on an ad hoc basis as needs were perceived. Often these grew out of already existing services. In some authorities, such as a number of the London boroughs, there were several services, for example for pupils with

different learning difficulties, behavioural difficulties, physical disabilities and sensory impairments. In other authorities a single service, covering a range of special educational needs was formed, for example, in Staffordshire.

The *Survey of Support Services for Special Educational Needs* (HMI, 1989) which was carried out by Her Majesty's Inspectors between 1986 and 1988 concluded that attention had focused on the provision of advisory support teams able to provide a broader range of help than that formerly given by remedial reading teachers. In several local education authorities the remedial service was reshaped to form a special educational needs advisory service of the kind recommended in the Warnock Report (DES, 1978).

The above survey showed that there were great variations among local education authorities in the rate of development of the services and in the range of services provided. They found that most teams were being reorganised and that services were expected to develop new roles and expand their fields of operation. In most authorities the move was towards a unified service which could cover a range of learning difficulties and other types of special educational needs. In some cases teams were joined into a single service, in others separate services were retained but ways were found of centralizing the management and coordination of the activities. Elsewhere there was less centralisation and services were trying to develop their own codes of practice in the absence of local authority policies. Some local education authorities had set up links to special schools to help with the services and some teachers from special schools worked for part of their time in the services (Gipps et al., 1987).

There was also a wide variety in the ways in which these services worked. Some acted only in an advisory capacity while others provided additional teaching time and expertise for the pupils with whom they were involved. Some services offered both types of support. In most cases the new services saw a reduction of the time devoted to teaching pupils in favour of more time spent advising, doing INSET, including secondary schools and FE colleges and in some cases, pre school work. Also included were support work in class, resource advice, and work with parents. Most of the reorganised services were given additional staffing at the time of reorganisation.

In some areas, additional support was available only for pupils with statements, while in other areas it was accessible to pupils who did not require statements - indeed, the existence of such help often meant that the process of statementing was avoided as a pupil's needs were often met with the provision of additional help.

Interventions procedures

Authorities gradually developed interventions procedures, usually based on the stages described in the Warnock Report (DES, 1978). These outlined the expectations which the local education authority had of the responsibilities of schools and of the authority's services.

In-service training

Many Support Services took a lead in the provision of in-service training (INSET) for teachers. Particular attention was paid to training a member of staff

in each school to act as a special needs coordinator. There was also a range of INSET to help classroom teachers to identify special educational needs and to meet the needs of many pupils within their classes. Such INSET became even more important - and in demand - with the 1988 Education Act, and the inception of the whole concept of the entitlement curriculum.

Support in the mainstream and issues of integration

Schools and services worked together to develop strategies for supporting pupils in mainstream schools. Particular attention was paid to the ways in which such support could most effectively be given, and from this emerged a debate about whether additional help should be provided within the classroom setting, or whether pupils should be taught on an individual basis for some part of each week (Gipps et al., 1987).

The annual report of the chief inspector for schools 1988-89 (HMI, 1990) indicated that the most common form of provision for pupils with special educational needs was still withdrawal from normal classes in order to work in small groups. However, the use of support teachers to work alongside pupils in mainstream classes was increasing.

There was wide debate about the most useful ways of supporting pupils with special educational needs. The issue of the effectiveness of in-class support is of particular importance for the pupils who are the subject of this study, since, in part, the debate focuses on the effectiveness of integration. So, Gilbert and Hart (1990) argued in favour of in-class support, while writers such as Dyson (1994)

doubted its use. Thomas (1992) queried whether supporting a pupil in a mainstream classroom helped to isolate more than it helps to integrate. Welding (1996) commented that while "in-class support is only one method of ensuring good provision for individual students, it can be extremely effective if done well." (p113) It was this belief which was behind the development of ways of working for many support services.

At the same time there was growth in the numbers of staff working with pupils with special educational needs. Research in the late 1980s, for example, Gipps et al. (1987), showed that 66% of local authorities increased staff supporting special educational needs in ordinary schools between 1978 and 1983 (Gipps, 1987). 76% of authorities reported an increase in pupils with special educational needs taught in mainstream schools in the years 1983-5. There was a move away from segregated provision for all but pupils with emotional and behavioural difficulties (Goacher, Evans, Welton and Weddell, 1988) and thus a fall in the percentage of pupils in special schools (Swann, 1989) although there were wide variations between authorities.

Local Management of Schools

The development of local management of schools caused concerns in many local education authorities over financial provision for pupils with special educational needs, and there was a wide variety of responses to these concerns. Some authorities continued as they had done since the 1981 Act; others withdrew the help provided for non-statemented pupils, and reduced the sizes of their support

services to deal only with statemented pupils; others delegated the funds to schools and operated their support services on an agency system. (This information, together with that which follows, was gathered by the researcher from colleagues in a range of local education authorities with whom regular meetings took place over the period of the study. Various aspects are also highlighted in Lee, 1992; Coopers and Lybrand, 1988; Evans and Lunt, 1990.)

However, one of the results of this was that there was, in many authorities, an increase in the demand for statements. This demand created new financial problems for local education authorities, and the increased workload for those involved in special education administration also lengthened the time being taken to issue statements. Between 1990 and 1992 the average number of statements rose from 2% to 2.4%, although most local education authorities had policies intended to limit increases (Evans and Lunt, 1992).

At the same time there was, in a number of authorities, a tendency to place more pupils in special schools. A Department for Education survey (Swann, 1992) showed that between 1988 and 1991 the percentage of primary age children in special schools rose, so that, by 1991, 50% of local authorities said that special school placements had increased (Lunt and Evans, 1991). Concerns were also noted about the future of support services (Rayner, 1994). Various surveys (Copeland, Ayles, Mason and Postlethwaite, 1993; Bays, 1993) reported that many services were being reduced or disbanded.

Responses to the Audit Commission

With the publication of the work of the Audit Commission some local education authorities began to look afresh at their special education policies and procedures, and to consider the whole continuum of special educational needs and how they were met within those authorities. This involved considering provision in mainstream schools, in special units and centres, and in special schools, as well as looking at the use that was being made of schools in other local education authorities and of independent schools. In some areas, such consideration led to restructuring of support services, and to changes in the uses of special schools and centres, as well as to the opening of new provision to minimise the number of pupils being educated outside the local education authority.

The situation up to 1995

By 1995 the 1993 Act and the Code of Practice (DfE , 1994) gave a new impetus to these developments, and many authorities which had not taken a fresh look at their provision for special educational needs, did so. Schools and governors also began to take on board the implications of their responsibilities as described in the Code, and local education authorities looked at providing INSET to help schools in these areas. Particular emphasis in the Code is placed on the role of the Special Educational Needs Coordinator, and INSET was being particularly targeted at the development of this role.

The Code of Practice was generally welcomed (Russell, 1994), although there were criticisms levelled at it in terms of lack of practical advice on such things

as individual education plans, and its failure to deal with resource implications (Garner, 1995). Research by Evans, Docking and Evans (1996) led to the conclusion that local education authorities needed to undertake a series of initiatives to improve support for special educational needs. These included the need for INSET, improving access to specialist support, introducing stability in funding, and removing unnecessary bureaucracy.

Diamond (1995) focussed on relations between schools and support services, and saw the Code of Practice as part of a long-term movement towards greater integration. He also emphasised that support services were about meeting teachers' needs as well as about meeting the needs of pupils. Similarly Circular 9/94 (DfE, 1994) stated

> SEN support services can play an important part in helping schools identify, assess and make special educational provision for pupils with special educational needs.

Access to provision

There has been much discussion about the access which children have to special educational provision. Riddell, Brown and Duffield (1991), in a study of children with specific learning difficulty, concluded that parental and organisational advocacy diverted resources from other children with special educational needs. The Audit Commission (1992a) had identified that there was a wide variation between local education authorities in the provision made for pupils with special educational needs. The whole question of equality of access is clearly one of particular importance to pupils with physical disabilities, and to their parents since, by the nature of their disabilities, these pupils are often over demanding of resources.

The Code of Practice does not appear to have addressed this issue, and recent research supports that of Riddell at al (1991). Vincent, Evans, Lunt and Young (1995) found that middle-class, professional parents, especially those supported by voluntary organisations, could gain more resources for their children than less articulate parents were able to obtain. Similarly Gross (1996) produced evidence that some forms of statutory procedure favour children whose parents are literate and vocal at the expense of those less well informed. She suggested that local education authorities should seriously consider their existing procedures to take this discrepancy into account.

A particular concern for Local Education Authorities was their ability to meet the new deadlines for the completion of statutory assessments. Research (Male, 1994) suggested that, in previous years, much time was taken up with negotiations over the special educational provision. The reason for this appears to have been an avoidance of conflict with parents. It was hoped that the "named person" introduced by the 1993 Act would help to improve the situation by providing support, information and advice to parents.

TABLE III - DEVELOPMENTS IN THE RESEARCHER'S LOCAL EDUCATION AUTHORITY

Date	Act/report	LEA Response
1978	Warnock report	Awareness raised of SEN; Special Tuition and Hearing Impaired Services already working in this area.
1981	Education Act	Special Tuition Service begins in-school support for pupils with statements
1988	Education Reform Act	Support Teaching Service formed in response to increased numbers of pupils with SEN; other Services for VI and EBD formed.
1989	Children Act	Meetings/planning with Health and Social services
1992	Audit Commission	LEA rewrites its SEN policy; begins a review of all SEN procedures and provision.
1993	Education Act	New Support Services formed; plans for new SEN centres; INSET developments.
1994	Code of Practice	Interventions procedures and Audit revised to fit COP; Support Service work links in with stages.

KEY

LEA	- Local Education Authority
SEN	- Special Educational Needs
INSET	- In Service Training
COP	- Code of Practice
LD	- Learning Difficulties
EBD	- Emotional & Behavioural Difficulties
VI	- Visual Impairment

The situation in the local education authority in which the study is located

This section deals, in particular, with the developments which took place in the support services in the local education authority concerned, since these form the main context of both the researcher's professional work and of the study.

The situation pre-1981

Prior to the 1981 Education Act, there were three services in the local education authority concerned, which were for pupils with special educational needs. One of these was the *Service for Hearing Impaired Children*; a second was a *Remedial Teaching Service* under the auspices of the School Psychological Service; the third was known as the *Special Tuition Service.* The latter provided teaching help for a variety of children - school phobics, pregnant schoolgirls, and medical cases. The service provided some help to pupils in their homes, but also ran two centres for pupils not able to attend school because of their difficulties.

The effects of the 1981 Act

Once the statementing of pupils in mainstream schools commenced, the Special Tuition Service was asked to provide teachers to support pupils in mainstream schools. The first of these pupils needing in-school support came to the service in 1984. By 1986 the numbers of pupils needing such support had grown to such an extent that a separate support teaching wing of the service came into existence.

Eventually, in 1988, this part of the Special Tuition Service became a separate service, known as the Support Teaching Service. This service provided teaching support to a range of pupils with learning difficulties, including those with physical disabilities and associated learning difficulties. At the same time a range of other support services was being developed. These included a service for pupils with specific learning difficulties, which developed out of the former remedial service; a service for pupils with a visual disability; and a primary support team for pupils with emotional and behavioural difficulties. This meant

that the authority had six different support services for pupils with special educational needs.

However, at this stage there was no overall plan for their development. Each one grew up on an ad hoc basis to deal with particular situations which arose in the local education authority. These services worked in a variety of ways - some supporting pupils in the classroom, some taking pupils out to special centres or working with them on an individual basis in schools. Some of the services provided assessment and advice to teachers, and all had a role in delivering INSET. All the services followed the local authority's *Interventions Procedures* which were based on the stages in the Warnock Report (DES, 1978). Some of the services were targeted mainly at pupils with statements, others also provided help for pupils who did not have statements.

Developments in the 1990s

In 1992 the local education authority concerned undertook a full scale review of all its special educational provision. This review involved a consideration of all its support services, special centres and special schools. A development plan entitled *Meeting the Need* (1993) was drawn up to ensure that the continuum of special educational needs could be met with a continuum of special educational provision. The plan included the formation of three support services instead of six. These were to be an Emotional Behavioural Support Service, a Physical Sensory Support Service and a Learning Support Service. After consultation, these plans were implemented in late 1993 and throughout 1994.

A further part of this plan was that there would be, in the Learning Support Service, a team of Special Needs Advisory Teachers who would be linked to schools to help them with meeting special needs in their schools. Each school was to have a SENIT - a Special Educational Needs Interventions Team - consisting of the Head Teacher, the Special Needs Coordinator, the Special Needs Advisory Teacher and the Educational Psychologist. This team was to have the overview of special needs in the school and manage the movement of pupils between the stages of interventions. At the time of the completion of the research, these people are engaged in putting into practice the various aspects of the Code of Practice.

TABLE IV - DEVELOPMENTS IN THE RESEARCHER'S PROFESSIONAL CAREER

Date	Act/Report	Researcher's Role
1978	Warnock report	Awareness of SEN developed.
1981	Education Act	Began work in Special Tuition Service; various areas of SEN; developed support teaching.
1988	Education Reform Act	Head of new Support Teaching Service.
1989	Children Act	Developed links with Health and Social Services.
1992	Audit Commission	Special Needs Consultative Committee - policy and procedure development.
1993	Education Act	Head of new Learning Support Service.
1994	Code of Practice	Develop new Service in line with COP.

KEY

SEN - Special Educational Needs

COP - Code of Practice

Developments in the researcher's professional career during the period of the study

At the commencement of the present study in 1989, the researcher was Head of a Support Teaching Service in an Outer London Borough. This service was formed at the beginning of 1988, in response to the large number of pupils in mainstream schools who had learning difficulties, and who needed additional help to access the curriculum. These included a significant number of pupils with physical disabilities.

In 1994, by the end of the research phase of the study, the researcher had been appointed Head of the Learning Support Service in the same local education authority. This service was created in 1994, being formed from the Support Teaching Service and the Specific Learning Difficulties Service. This new service came into being as part of a complete reorganisation of the local authority's Support Services. The aim of the new Service, as of the Support Teaching Service, was to support the integration into mainstream schools of pupils with a variety of learning difficulties. This support is given to teachers by means of advisory work, and to pupils by additional teacher and/or classroom assistant support. Pupils of all ages from Nursery to Year 13 (18 year olds) are helped in these ways.

Over the years covered by the study, the number of pupils being offered help increased greatly (from approximately 60 pupils in 1989 to some 1500 in 1994). This was reflected in the increased number of teachers from 30 part time teachers in 1989 to 150 (90 FTE) in 1994. In addition, by 1994, the Learning Support Service employed more than 100 classroom assistants to provide help to the pupils with whom it was concerned. As well as the direct help provided by support teachers and classroom assistants, there were also 15 teachers working in an advisory capacity.

Among those supported by the service were pupils with a wide range of physical and sensory disabilities. These included the more obvious disabilities such as cerebral palsy, spina bifida and muscular dystrophy as well as the "hidden"

disabilities like cystic fibrosis, epilepsy and diabetes. A major change in provision for pupils with physical disabilities took place with the reorganisation of the services in the local education authority. Prior to this there had been no service with specific responsibility for pupils with physical disabilities. The Support Teaching Service had helped those who had learning difficulties - as did the new Learning Support Service - but several different people were called on to advise on physical needs. At the same time as the Learning Support Service came into being, a Sensory/ Physical Support Service was set up, and this included an advisory teacher for physical disability.

Summary

This chapter has traced and described the legislation showing the movement towards the integration of pupils with special educational needs into mainstream schools, together with the legal and educational frameworks in which the integration is set. It has described the general responses to the legislation in local education authorities and, in particular, in the researcher's local education authority as the context in which the study is set. Finally it has summarised the role of the researcher in that authority. In each case it has reflected on the effects of the legislation on pupils with physical disabilities.

CHAPTER III

THE TERMINOLOGY

Background

In this chapter the researcher will define the main terms used in the study, other than those dealt with in the chapter on legislation. Consideration will be given to the language used to describe disability; to the meaning of special educational needs; to the range of definitions of integration; and to the language used to refer to various ethnic groupings.

Disability or handicap

> Language carries many messages. It categorises, labels, and reinforces stereotypes. It is therefore important to define our terms. (Rieser, 1990, p85)

In this section consideration will be given to the use of different words to describe people with physical disabilities, to the debates which have taken place about the use of the language of disability, and to the underlying messages which different words can convey. The definitions used by various groups of people (teachers, members of the medical profession, disabled people themselves) will be summarised, and a conclusion reached about the language to be used in the context of this study.

General use of the terminology

The researcher's experience from references to disabled people in the media is that, among members of the general public, the words "disabled" and "handicapped" appear to be used interchangeably. The majority of those who

participate in discussions on the radio or television, or those who write in the newspapers seem to use either word to describe the person/group of people under discussion. Similarly, when there are major fund-raising events, either on the television (for example, Children in Need, Telethon) or held by some of the major charities, there is no consistency in the language used. In most cases the people being described have a physical disability, although the word "physical" is not usually added as a descriptor. More usual is for the word "mental" to be added - if this is the kind of disability to which reference is being made - and this is often used with the word "handicap". It is the researcher's experience that these two words are also used interchangeably by many members of the teaching profession.

A similar conclusion was reached by Taylor (1984) who sought the views of 100 pupils aged 12-14 years old by means of a questionnaire. When asked what they thought the words "handicapped" and "disabled" meant, the prevailing definition given was of a physical disability. Defects of a mental nature tended to be associated with the word "handicapped".

The Warnock response to the confusion

The Warnock report (DES, 1978) made some attempt to distinguish between the two terms. "Any child whose disabilities or difficulties prevent him from learning....may be regarded as educationally handicapped"(3:2). At the same time, however, the report highlighted the confusion in terminology. "There is no agreed cut and dried distinction between the concept of handicap and other related

concepts such as disability, incapacity, and disadvantage"(3:3). The report's conclusion, that it was impossible to establish criteria for defining handicap, led to the adoption of the concept of special educational need.

Attempts to define disability and handicap

Over the last decade, there has been a great deal of discussion among disabled people themselves, those in the professions (teaching, medical, and psychological) who are closely involved with disabled people, and those who work in the specialist organisations for disability, for example, RADAR (the Royal Association for Disability and Rehabilitation) and the Spastics Society (now renamed SCOPE). These people now make a clear distinction between disability, handicap and impairment.

In 1980 the World Health Organisation published definitions indicating that:

(a) *Impairment* is a physical deviation from what could be considered usual in terms of structure, functional, physical organisation or development. It is objective and measurable.

(b) *Disability* is the functional limitation experienced by the individual because of an impairment. It refers to what the individual cannot do in the usual or expected way because of an impairment. The severity of a disability is related to a number of variable factors such as the age, occupation, wealth, culture of the person affected, as well as how they themselves view the disability.

(c) *Handicap* is the disadvantage imposed by an impairment or disability. It

> is the social and environmental consequences of the disability to the individual.

The above definitions indicate that impairment is some loss of function that has occurred; disability is a reduction in the ability to carry out tasks as a result of an impairment; and handicap is a disadvantaging loss of roles and abilities, relative to one's peers in particular circumstances, resulting from an impairment or disability. Thus an impairment is a health condition, a disability is a functional or practical consequence, and a handicap is a social consequence. Impairment might affect locomotion, motor activities or sensory systems and be either medically based or psychological in origin. Essentially, it is an objective description of the site, nature and severity of loss of functional capacity, and the degree of impairment can usually be measured or described. It can be said that a person has a disability when her/his impairment affects mobility, domestic routines or occupational and communication skills. Disability describes the impact of impairment upon performance. Finally, a handicap represents the more profound effects of impairments and disabilities upon the whole person, not just upon selected incapacities.

> Impairment, disability and handicap form a continuum, ranging from objective descriptions of functional limitations to judgements of social disadvantage. To move from impairment to handicap is to move from symptoms to social role and to move from objectivity to subjectivity. (Tingle, 1990, p19)

For example, cerebral palsy is an impairment. Spasticity is a functional consequence and thus a disability. A social consequence of the disability is the inability to play some sports; therefore the disability produces a handicap. Similarly poor vision is an impairment, and the inability to see and read print is

a practical consequence which is a disability. The inability to use a local library is a social consequence; therefore a handicap.

A person who had contracted polio might be left with impairment of the muscles in his arms and legs which could lead to his legs and arms being partially paralysed. Such a person would have a disability in that his mobility would be limited. If he were then unable to have access to different buildings, or to public transport this would become a handicap.

The views of disabled people

Many people with disabilities tend to regard "handicap" as a negative term. It derives from the medieval practice in horse racing when the rider of a good horse had to ride with his cap in his hand. Thus it signifies an imposed disadvantage and is seen as suggesting that people with disabilities are placed in a disadvantageous or dependent position by society (Rieser, 1990).

In recent years much debate has taken place, amongst people with disabilities, about the language which should be used. It has become part of the whole debate of the politics of disability and, in particular, has become bound up with the different models of disability - the medical model and the social model. The one which has most influenced thinking about disability is the medical model. It focuses on the disability as a medical problem, the effects of which can be alleviated - or better still cured - by doctors. People may then become objects to be treated, changed, made 'more normal'. In this model the person is flexible and alterable while society is fixed and unalterable. People are seen as having to adapt to the environment.

By contrast, the social model of disability assumes that, while people may have impairments which may or may not require medical treatment. knowledge and technology are such that people with impairments should be able to lead perfectly good lives. In this model disability is caused by the unwillingness of those in society to alter (Rieser & Mason, 1990).

In 1981 the Disabled Persons International (DPI) adopted the following definitions:

> Disability is the functional limitation within the individual caused by physical, mental or sensory impairment. Handicap is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers. (Driedger, 1981, p92)

In 1992 the DPI advocated the dropping of the use of handicap altogether as it was misused so widely. Instead they - and most organisations run by people with disabilities - took up the twofold definition of the British Council of Organisations of Disabled People. This used only the terms "impairment" (which was defined as "lacking part or all of a limb or having a defective limb, organ, or mechanism of the body"), and "disability" (defined as "the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and excludes them from participation in the mainstream of social activities"). In these terms physical disability is being defined as a particular form of social oppression.

It is important that the use of these words is given careful consideration, because the language we use to talk about people influences the way we think about them. If the person is considered first, and then the disability, this may lead to an

acceptance that the person is what is important, and the disability is something they happen to have.

> I will not write about handicapped people or even people with handicaps. I do not believe that people with disabilities need be handicapped in life. They become handicapped by discrimination in society, often unintentional but real none the less - inaccessible transport, shops etc. They also become handicapped by able-bodied people's negative attitudes, low expectations and prejudices. (Fenton, 1992, p6)

The educational context

In considering the use of language in an educational context, the researcher has found it useful to apply the threefold definitions of impairment, disability and handicap as these seem best to describe the condition of a child/young person, the likely disabling features of that condition, and the possible handicaps in terms of access to education, if the needs are not properly met.

Thus, the person described above, whose mobility was reduced by polio, would need to have access to a school which might need adaptations to be made. He or she might also need special seating provided in the classroom. Ways of accessing the curriculum would also need to be considered in terms of participation in lessons involving practical activities such as games and writing, depending on the degree of impairment.

Language clearly has a social meaning which frequently can change. As well as looking at the terms used above, those involved in the disability movement have reviewed the wide spectrum of language used about disability, and made recommendations about the terms which are acceptable (Rieser, 1990). Amongst these are that people should not be referred to as 'the disabled' but either as

'disabled people', or 'people with disabilities'. It is also seen as more desirable not to refer to a person by his or her condition, for example, as 'a paraplegic'. He is 'a person with paraplegia' (Fenton, 1992).

Many words which are associated with disability need to be avoided because they create a negative image and give offence to disabled people. In some cases this may be the use of a word such as 'spastic' instead of using the term 'cerebral palsy' or 'mongol' instead of 'Down's syndrome'. (In 1995, after much debate, the Spastics Society renamed itself "SCOPE" in an attempt to move away from the negative connotations of the word "spastic".) In other cases words applying to disability have become used as adjectives with a negative connotation, for example, blind drunk, blind rage.

What is a physical disability?

This is another area in which usages differ among the general public and between the professions. In the field of education, physical disability tends to be separated from sensory disability (often referred to as impairment). Many local education authorities have separate support services for the two groups with teachers who specialise in physical disability, hearing disability or visual disability. They often also have separate schools or centres for the different groups. Similarly, a number of specialist agencies and charities run separate schools for those with these disabilities.

In many cases the terms used to describe these may be different. For example, pupils may be referred to as having a physical disability or handicap, but

frequently those with sensory difficulties are referred to as having a hearing or visual impairment. This nomenclature may be seen in the names given to various special schools and specialist support services. It was used also in the *Code of Practice on the Identification of Special Educational Needs* (DfE , 1994) which refers, on the one hand, to "physical disabilities"(3:71) but on the other hand to "sensory impairments" (3:75).

However, the situation is different in the medical field where the term "physical disability" is used as a generic term for all the disabilities, which are then described as "sensory" or "motor".

Although in educational usage there is a separation between physical and sensory disability which usually seems quite clear, there are occasions when the two do appear to overlap. The researcher asked 40 teachers, all of whom were working with pupils with special educational needs including those with physical disabilities, to write a list of ten physical disabilities. 36 of these teachers included "blindness" and/or "deafness" in their lists. It would seem that, despite their awareness of educational provision for these pupils, teachers may also be influenced by the medical definition.

The types of disability which are described as "motor difficulties" or "motor impairments" are among the most obvious of the disabilities. They include such things as cerebral palsy, spina bifida, and muscular dystrophy. However, there is another group of conditions which is less obvious to the outside world, but which, if the WHO definition is accepted, also fall into the category of "disability".

Among these are epilepsy, cystic fibrosis, haemophilia, sickle cell, diabetes and asthma. These are often referred to as the "hidden" disabilities.

For the purposes of this research, the researcher has included sensory, motor and hidden disabilities under the heading of "physical disability".

It should be noted that, in the United States, whence comes much of the literature about pupils with special educational needs, the terminology used is often different, and the word "handicapped" is still frequently used. Other writers from the United States often describe children with special educational needs as "exceptional", while those with learning difficulties may be "retarded". Quotations and references in this study will, therefore, reflect these differences.

Special Educational Needs

The Warnock Report

The term "Special Educational Needs" was used in the Warnock Report (DES, 1978) and enshrined in legislation in the 1981 Education Act. In discussing the definitions of "handicap", Warnock reflected on the historic scenario in education - on the existence of special and ordinary schools. This was based on the belief that there were two types of children, the handicapped and the non-handicapped and that the former required special education and the latter ordinary education.

The report went on to highlight the complexities of individual need:

> To describe someone as handicapped conveys nothing of the type of educational help, and hence the provision, which is required. We wish to see a more positive approach, and we have adopted the concept of SPECIAL EDUCATIONAL NEED, seen not in terms of a particular

> disability which a child may be judged to have, but in relation to everything about him, his abilities as well as his disabilities - indeed all the factors which have a bearing on his educational progress. (DES, 1978, 3:6)

A child was said to have special educational needs if he or she had a learning difficulty which called for special educational provision to be made for him or her. A child had a learning difficulty if he or she

(a) had a significantly greater difficulty in learning than the majority of children of the same age;
(b) had a disability which either prevented or hindered the child from making use of educational facilities of a kind provided for children of the same age in schools within the area of the local education authority or
(c) was under five and fell within the definition at (a) or (b) above or would do if special educational provision was not made for the child.

Special educational provision was defined as educational provision which is additional to, or otherwise different from, the educational provision made generally for children of the child's age in maintained schools, other than special schools, in the area.

It was estimated, in the Warnock report (DES, 1978), that 20% of pupils would have a special educational need at some time in their school lives. Of these, some 2% nationally would have special educational needs of a severity or complexity which required the local education authority to determine and arrange the special educational provision for the child by means of a statutory statement of special educational needs.

The definition of special educational needs given in the Warnock report was also used in the Code of Practice (DfE , 1994). The Code of Practice referred to these general figures, but also pointed out that "these figures are broad national

estimates: the proportion of children with special educational needs varies significantly from area to area" (DfE , 1994, 2:2).

Pupils with disabilities

Many of the disabled pupils in mainstream schools have a statement of special educational needs since they require extra help in gaining access to the curriculum. This help may include communication aids for speaking, writing, hearing and seeing. It may mean that a pupil needs the help of a special educational needs assistant to help with such matters as mobility and personal hygiene or to act as a scribe in lessons which involve a great deal of note taking.

Some pupils with disabilities also have a general or specific learning difficulty and they may require the support of a specialist teacher. Those with general learning difficulties might need a modified or differentiated curriculum, giving a slower pace of learning and structured teaching programmes. Other pupils may have a specific learning difficulty with extra help needed in tasks requiring such aspects of learning as spatial awareness, the use of visual sequential memory, organisational skills, and language processing. Yet others may exhibit emotional and/or behavioural difficulties coming to terms with their physical disabilities or, because of their disabilities have a range of behaviours which are generally regarded as socially unacceptable.

Integration or Mainstreaming - what do these terms mean?

The Warnock definitions

Over the last few years much attention has been focused on the integration into mainstream schools of pupils with special educational needs, among whom are pupils with physical disabilities. When considering the ways in which these pupils are integrated it has been usual to think in terms of the three types of integration described in the Warnock Report (DES, 1978) - locational, social and functional. Locational integration exists where special classes or units are set up in ordinary schools, or where a special and ordinary school share the same site. Social integration is where children attending a special class or unit meet others for play and meals and possibly share organised out-of-classroom activities with them. Functional integration is the fullest form of integration of the three and is achieved when social and locational integration lead to

> joint participation in educational activities.....where children with special needs join, part-time or full-time, the regular classes of the school and a full contribution to the activity of the school. (DES, 1978, 7:9)

This description of integration would appear to be that used by a number of researchers who have looked at individual children with physical disabilities in mainstream schools, and who have seen such integration as a success (Hulley, Hulley, Parsons and Madden, 1987; Markee, 1987; Swann, 1987).

Social integration

However, the assumption that social integration is a lesser form of integration than the functional, and that it is limited to the sharing of non-educational activities, seems to the researcher to be questionable in the light of studies which

have looked at the importance of relationships between disabled and non-disabled pupils, at the attitudes of the non-disabled to the disabled, and at the effects of these on the self-image of the disabled (Donaldson, 1980; Gillies & Shackley, 1988; Johnson & Johnson, 1981; Jones, Jones, Sowell, and Butler, 1981; Stainback, Stainback, Hatcher, Strathe and Healy, 1984; Ward & Center, 1987; Westervelt & Turnbull, 1980; Wetstein-Kroft & Vargo, 1984).

These studies see social integration as a vital part of full integration and as offering more than the limited opportunities described by Warnock (DES, 1978). Integration is a way of reconciling a child's educational needs with the need to maintain contact with ordinary children in the community (Mittler, 1979). "Mainstreaming can be successful only to the extent that it integrates handicapped students into constructive relationships with non-handicapped peers" (Johnson & Johnson, 1980, p90). Healthy social development is a critical component of education which is often overlooked in the attempt to develop cognitive and physical skills (Westervelt & Turnbull, 1980). Hoben, writing in the United States in 1980 was able to comment

> the purpose of educating handicapped students in the mainstream is more than having them merely present in regular classes. The intent is that they will become an integral part of their classes.... integration rather than maintenance is the goal.

At the same time she emphasised, "mainstreaming is well under way. The challenge is to ensure that integration is the outcome" (p100).

In 1981 Booth took up the same theme, writing that "the objective of integration is to increase the participation of all children in the social and educational life of

their peers in regular schools" (p289). The Fish committee (1985) stated " disabilities and significant difficulties do not diminish the right to equal access to, and participation in, society" (1.1.22). Lindsay and Desfarges (1986, p66) went so far as to say "ultimately, integration must be measured in terms of the actual interaction between the special children and their peers" and research conducted by Center, Ward, Parmenter and Nash (1985) suggested that many head teachers saw integration as more beneficial to social development than to academic progress. Thus Booth (1992, p269) was still pointing out that integration refers to education in " a variety of non-segregated settings and also a process of increasing participation in the mainstream." Similarly, Jacklin and Lacey (1993), writing of the move from special to mainstream education commented "If integration is to be more than simply placement, issues other than the practical implications must be understood. Integration must involve the participation of the child with other mainstream pupils" (p54). For Bayliss (1995) "reducing marginalisation must be a central aim of any integration process" (p131).

The discussion about integration, like that about disability, has moved very much into the political realm with pressure from a number of organisations to see integration as a human rights and equal opportunities issue. In 1988 the CSIE issued an "Integration Charter" which declared

> We fully support an end to all segregated education on the grounds of disability and learning difficulty as a policy commitment and good for the country. We see the ending of segregation in education as a human rights issue which belongs with equal opportunity's policies. (p2)

In 1987 Council of the European Commission reaffirmed the importance of achieving the maximum possible integration of handicapped children into ordinary schools, and, in 1990, agreed to intensify efforts to integrate pupils with disabilities into the ordinary education system. Integration was to be considered as the first option. So Norwich (1994, p91) took up this theme by saying "the principle of integrating children and young people with disabilities and difficulties into mainstream schools and classes can be interpreted as expressing a minority group's rights to participate as fully as possible in mainstream social life." In the same year the Salamanca Statement (UNESCO, 1994) stated " Regular schools with inclusive orientation are the most effective means of combatting discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all" (section 2).

Definitions to be used in the study

In the light of such studies, and of experience of working with children with physical disabilities in mainstream schools, it is the researcher's intention to consider the three stages of integration as locational, educational and social. Locational refers to the placement of a pupil with physical disabilities in the same school and class as his or her non-disabled peers. Such a placement involves the need for full access to all areas of the building and may, therefore, involve adaptations to the school. Educational integration refers to access to all areas of the National Curriculum, together with extracurricular activities, unless the pupil is prevented by the nature of his or her disability from participating. Where appropriate, technological aids would be provided, together with the support of

a special needs assistant and/or a support teacher. Social integration means that contact is facilitated between pupils with physical disabilities and their non-disabled peers so that they become fully accepted members of the school community. This means that all should be given the same opportunities for social interaction available to their non-disabled peers.

It should be noted that the terminology for "integration" used in the United States is "mainstreaming" and this will be reflected in any quotations from the US used in the study. There has also been a tendency to refer to "normalisation" and to the "least restrictive environment" and, in recent years, to "inclusive education". This is defined as "the educating of students with significant disabilities in regular education classrooms and programmes with support" (Michigan State Board of Education, 1992). At the time of writing various groups in the United Kingdom - notably the CSIE and the Council for Disabled Children - are also changing to the use of the terms "inclusion" and "inclusive education" in their campaign to have all children educated in mainstream schools. Inclusive education is used as term which is seen as less emotive than integration. It is felt to be more positive as it leaves out the idea of segregation.

Ethnic Groups and Ethnicity

> Members of Ethnic groups see themselves as culturally distinct from other groupings in society, and are seen by those others to be so. Many different characteristics may serve to distinguish ethnic groups from one another, but the most usual are language, history or ancestry, religion, and styles of dress or adornment. (Giddens, 1989, p243)
>
> The idea of an ethnic group should not be confused with an ethnic minority, since the latter is taken to imply minority status, not only in terms of numbers but in terms of power. (Gillborn, 1990, p5)

> In the UK the largest ethnic minority groups are those of Irish descent, Jews, Italians and Ukrainians. However, in everyday use, the term is often used to describe those who are distinct from the white majority. (Gillborn, 1990, p5)

In 1984, the Commission for Racial Equality (CRE) began to distinguish between "black" and "white" groups, with further subdivision in terms of regional origins. In many instances the terms are used to reflect the power division between white and non-white, and, in this context, black refers to any non-white person (Shah, 1992).

While the researcher is aware of the various political debates about the use of the language of ethnicity, it is the terminology which has been followed by the Council for Racial Equality and is used for ethnic monitoring purposes in the local education authority in which the researcher works, which will be used in this study.

White

This term is used to describe all white people from places such as Europe, America and Australia. Within the researcher's local education authority, the main subdivisions of this are *Cypriot (Greek* and *Turkish), Irish, Italian* and *UK white.*

Black

This is used to describe all black people who are usually of *African* or *Caribbean* origin.

Asian

The subdivisions of this grouping are:

(a) People or descendants of people from the Indian subcontinent. This usually refers to *Pakistanis, Bangladeshis* and *Indians.*

(b) Those from the Far East, mainly *Chinese, Japanese* and *Vietnamese.*

(c) *East African Asian* which is used to describe those Asians who have come to Britain via East Africa.

Summary

This chapter has given an explanation of the terminology which will be used most frequently during the course of the study. Consideration has been given to the debate about the language of disability, and the influence of various groups of people with disabilities on the use of such language. Definitions have been given of special educational needs and integration, and the use of other terms in the United States has been highlighted. A brief description of the language used to describe various ethnic groupings has been given. In each case the terms which the researcher intends to use in the present study have been indicated.

CHAPTER IV

EXPERIENCES OF INTEGRATION

This chapter will refer to some of the attempts which have been made to integrate pupils with special educational needs into mainstream schools, with particular emphasis on social integration. It will concentrate on pupils with physical disabilities, but will also refer to other special educational needs where these appear relevant to the study. It will highlight issues such as attitudes to disability, and attempts to change negative attitudes, at the effects of contact with disabled people, at curricular interventions and at social skills programmes.

While this is, in part, a survey of experiences of integration, the aim is also to reflect on those aspects which appear of particular relevance to the present study, and to consider assumptions on which research has been based, together with those aspects which have not been considered elsewhere.

In 1987, Fish commented

> More progress has been made in educating children with disabilities within primary schools than in secondary schools. Factors which favour such progress are teacher preparation, which is child centred rather than subject centred, the management of learning by a single teacher, and the narrower range of individual differences in the early years. (p118)

He continued

> there are no children whatever the nature or degree of their disability.....who are not being taught in regular schools somewhere

and that

> it is becoming increasingly clear that the real issue is not who we should integrate but on what grounds do we separate children from their contemporaries. (p119)

These comments seem to the researcher to be particularly relevant to pupils with physical disabilities who were so often segregated because their physical needs were considered in isolation from their educational needs.

Comments on social integration

The experiences mentioned above by the researcher are supported by the work of Hegarty and Pocklington (1982) who found that teachers were very positive about the social adjustments and assimilation of physically disabled pupils, and of Ashmead, O'Hagan, Sandys and Swanson (1985) who asked teachers to comment on the social and emotional development of their physically disabled pupils and found that peer relationships were rated highly.

However, the concerns about the effectiveness and extent of social integration which were being felt in the Learning Support Service were confirmed by work being carried out by a number of educational researchers who took a different view from those of Hegarty and Pocklington (1982) and Ashmead et al. (1985). In 1980 Hoben emphasised the difference between maintaining disabled students in mainstream, and facilitating integration. She pointed out that special education support teachers were concerned about levels of integration and were describing pupils as socially immature and having no friends. Riester and Bessette (1986, p12), reviewing the literature on the subject, went further and stated that "children with handicapping conditions are not accepted by their non-handicapped classmates in a mainstreamed situation, and accordingly are not truly integrated".

These findings supported those of Ray (1985) who suggested that pupils may be physically integrated into a classroom, but be rejected or socially segregated by non-disabled peers. Similarly, Johnson and Johnson (1980, p91) wrote "Simply placing handicapped and non-handicapped students in physical proximity to each other, does not mean that constructive interaction will take place." For pupils to develop their social skills, they need to interact with a wide range of people. From their peer group they should have role models for their behaviour. However, there is also evidence that physically disabled pupils spend time with other pupils who are themselves socially isolated for example, because they had learning difficulties.

Previous study by the researcher

In the study carried out by the researcher (Flockton, 1989), a number of factors seemed to be involved in the degree of social integration. Among these were:

(a) The length of time the disabled pupil had been in the school:

those who had been in the same class since the early years at school seemed to be better integrated than those who joined the class at a later date.

(b) The preparation made for the arrival of a disabled pupil in the class:

where teachers had spent some time preparing the class for the arrival of such a pupil, the integration seemed likely to be more successful.

(c) Children's ability to engage disabled pupils in play:

young children were very keen to play with their disabled peers but usually did not know how to do this. Often they were simply pushing

wheelchairs around, or trying to involve the disabled pupils in their usual games and then deserting them when they could not participate. Suggestions of ways of playing with disabled pupils were found to be very useful.

(d) The extent of collaborative working in the classroom:

where pupils worked in pairs or groups with disabled pupils, they appeared to accept them more on a social level as well. This may have been linked to the amount of social discussion which takes place within the context of lessons.

(e) The ability of the disabled child:

it appeared that those of low academic ability had more difficulty in integrating. In 1988 Bailey wrote "Problems multiply when the child is not only physically disabled, but is also among the academically less able" (p118).

(f) The amount of individual support needed by the disabled pupil and the degree of independence of that pupil:

where the disabled pupil needed a considerable amount of support from either a teacher or a special needs assistant the degree of integration was often more limited as the support seemed to be a barrier to the integration.

(g) Behavioural difficulties demonstrated by the disabled pupil:

there was some evidence that the acceptance or otherwise of disabled children was linked with their behaviour. If children were seen as disruptive or immature in their behaviour, had odd mannerisms, made

noises, or had poor eating habits, they were less likely to be accepted. These features are mentioned in the work of Ashmead et al., 1985; Center & Ward, 1984; Gottleib, Semnel and Veldman, 1978; Howarth, 1987.

(h) The pupil's social skills:

if children's social skills are poor, they are likely to receive poor ratings from their peers (Gresham & Reschly, 1986). Yet many disabled children have had fewer opportunities to develop social contacts than their peers, or they could have had experiences of being rejected. Either of these could affect the responses they make.

(i) The amount of time a pupil was out of the classroom:

this might be either during lessons or at more "social"times. There were various reasons for this for examples, pupils being taken out of lessons for therapy, or missing registration to get to the room where the first lesson was to be held. Whatever the reasons, they served to isolate the disabled pupil from his or her peers.

(j) Personality:

the extent to which this is a feature of integration is difficult to determine. Howarth (1987) stated that a pupil's own personality is the most important factor for successful integration. Hegarty and Pocklington (1982) also concluded that, when disabled pupils were unpopular or rejected by their peers, it was attributable to factors unrelated to their disability. Clunies-Ross (1984) also maintained that much of the success is due to the attitude and personality of the integrating students. However, Gibb and

> Flavahan (1987) described this as "folklore", indicating that this type of statement seems to be made without any evidence being given. The researcher's experience is that it is a fairly common comment made by teachers when issues of integration are being discussed.

Attitudes to disability and attempts to change those attitudes

> As a result of recent litigation, legislation and the efforts of parent and professional advocates, the trend to integrate disabled individuals into the mainstream of society has increased dramatically. (Fiedler & Simpson, 1987, p342)

In order to give further consideration to the debate about social integration, it seems important to examine studies which have looked at attitudes to disability and at attempts to change those attitudes where they were seen to be negative. This part of the study will refer to the fact that the existence of negative and stereotypical attitudes toward the disabled is well documented. It will also show that school-based attempts at modifying such attitudes have fallen into three general categories: increasing exposure to and contact with disabled individuals; curricular interventions to raise non-disabled children's awareness of disability; and teaching social skills which has involved teaching disabled children social behaviours, and helping non-disabled pupils to interact with disabled peers in an appropriate fashion. It will focus on the varying degrees of success of such attempts. These aspects have been selected as some of them may be supported by the findings of the present study and thus suggest ways in which the integration of disabled pupils in mainstream schools could be encouraged and supported.

Since the 1981 Education Act and the parallel legislation in the United States (Public Law 94 -142) there have been a great many studies which have looked at issues of integration. These have included surveying the attitudes of people to the disabled, and looking at ways of encouraging the acceptance of disabled people into society. Many of these studies have focused on children and young people at school. There have been studies of children's and young people's attitudes to the disabled and of their reaction to attending school with disabled peers. Alongside this there has been a variety of experiments to find ways of encouraging the acceptance of these peers. Thus, Fiedler and Simpson (1987, p342) commented that "successful integration relies on systematic encouragement of positive attitudes toward handicapped individuals" and that it was increasingly being seen as the responsibility of schools to foster such attitudes.

Many investigations have found that physically disabled pupils are viewed less favourably than their non- disabled peers. Richardson (1976) noted that we develop a set of expectations about the physical appearance of people: "If, however, we encounter someone whose appearance, manner, or behaviour exceeds the variability of our expectations we respond with emotional arousal, anxiety and fear." Prior to this (1961) he had been involved in a study which suggested that there were differing degrees of acceptance or rejection, depending on the type of disability.

In 1980 Westervelt and Turnbull commented that a major component of the social environment in which pupils are placed "is the attitudes held by non-handicapped

students towards their physically handicapped peers" (p596) and that a review of research on attitudes held by non-handicapped peers revealed that unfavourable attitudes towards physically handicapped students were prevalent. Johnson and Johnson (1980) held a similar view which led them to maintain that successful mainstreaming required the facilitation of constructive relationships between handicapped students and their non-handicapped peers. Wetstein-Kroft and Vargo (1984, p181) supported this view, stating "the recent widespread focus on mainstreaming has been parallelled by the realization that children's attitudes towards their disabled peers are a critical element for the success of any programme aimed at integration."

Fox (1989), in a study of the learning disabled also expressed concerns that many mainstreamed children were being socially rejected or isolated by their non-handicapped peers in the regular classroom. She indicated that there was sufficient evidence to demonstrate that disabled children are more often socially rejected than are non-handicapped children and that mainstreaming will not automatically help handicapped children become more socially accepted by their non-handicapped peers (Hollinger, 1987; Parish, Baker, Arheart and Adamchak, 1980). Such findings highlight the difficulties for those engaged in attempts to integrate such children into mainstream schools.

Different writers have focussed on different aspects of this issue. Some have discussed the theory of social acceptance - why do people like one another/why are they attracted to one another? Byrne (1971) proposed the Attitude Similarity-

Attraction theory which stated that a person will be attracted to another person who has similar attitudes. Results of this research have been replicated and confirmed (Wetzel, Scwartz & Ween, 1979). Byrne & Griffitt (1973) found that there was a positive correlation between similarity and attraction with respect to opinions, behaviours, interests, emotional states and the evaluation of another's performance. They put forward the theory that perceived behavioural similarity to another person provides testimony that the individual is functioning in a logical and meaningful manner. At the same time it creates a more predictable and understandable interpersonal environment for the individuals involved in the relationship (Byrne, Griffitt & Stefaniek, 1967). Thus the relationship provides the feeling of stability for the participants as well as validation of their views.

Lott & Lott (1974) suggested that a similarity in personal characteristics may signify similarity in experience and background. Thus opportunities to learn about personal commonalities could lead to increased liking. Consequently providing opportunities for non-handicapped children to discover similarities between themselves and a handicapped peer could greatly enhance the development of friendship. In the same vein Huang, Shi and Wang (1984) demonstrated that the perception of psychological similarity is an important factor in choosing friends.

Contact with disabled peers

The studies in this area have fallen into two main categories - those which have considered whether the presence of disabled pupils in mainstream schools will

automatically encourage social integration, and those which, having concluded that this was not the case, have attempted to find ways in which such integration can be encouraged.

Gottleib et al. (1978) referred to the belief held by many professionals and parents, that moving pupils with learning difficulties into mainstream classes would reduce the stigma that accompanied their segregated placement and improved their social acceptability. However, they maintained that investigations had failed to substantiate this hypothesis, and the suggestion was made that such pupils are not accepted by their peers. Consideration was given to various factors which might influence social status - behaviour, academic competence and amount of time integrated. Reference was made to studies such as Gronlund & Anderson (1957) which showed that rejected children often had negative behaviours such as being talkative and restless. Data also suggested that academically incompetent children were also seen as less socially acceptable. While this study related to pupils with learning difficulties, it would seem to the researcher that the same features could well apply to pupils with physical disabilities who may well show behaviours with which other pupils find difficulty in coping, or who often have learning difficulties accompanying their physical disabilities.

Of particular importance in the study was the discussion about the effects of contact between mainstream pupils and those with learning difficulties. It was pointed out that there were two conflicting hypotheses about this. On the one

hand there may be a link between the amount of time which pupils spend with one another and their perceptions of one another. If this is the case, the more a pupil sees another behaving in an appropriate manner, the more likelihood there is of social acceptance - and, of course, the reverse. However, there is an alternative hypothesis which suggests that the amount of time over which there is contact has little relation to the ratings because people attribute a wide variety of characteristics to others on the basis of their first impressions. The outcomes of this investigation were that academic integration per se does not significantly affect the social status of pupils with learning difficulties; perceptions of behaviour were much more important. The amount of time spent did not appear to affect social status.

Studies reflect a growing consensus that mainstreaming will not automatically help handicapped children become more socially accepted by their non-handicapped peers (Nelson, 1988; Fox; 1989). While mainstreaming allows for increased social contact between handicapped and non-handicapped children, this may not be enough to ensure the social acceptance of handicapped children.

There appears to have been limited research into the attitudes of different age groups, and to comparisons between age groups. Voeltz (1980) found a more positive attitude to disabled children among pupils in the upper elementary age groups in schools where physically disabled children were integrated. Esposito and Reed (1986) working with 4-8 year olds concluded that contact per se, regardless of type or timing, could produce more favourable attitudes among

young children than absence of contact, and these could be maintained over a relatively long period of time.

Several studies have considered the different types of interaction which take place within a school setting in order to decide if some interactions provide more support for positive attitudes than other types. Johnson and Johnson (1986), having accepted the findings on the difficulties of integration, considered the ways in which cooperative learning might assist the process. Their research gave evidence that this type of learning helped with integration much more than traditional, competitive learning. Prior to this, various studies (for example, Johnson & Johnson, 1983) had shown that the relationships established during these activities generalise to free time activities within the classroom. However, there was, at that date, no evidence that such relationships generalised into areas of the school outside the class or to the home situation. The main reason for this was that there had been little research to measure such relationships on a continuum from structured classroom activities to unstructured free time classroom activities to activities in students' homes. Concern was expressed that structured classroom activities might become an exception to a general avoidance of interaction with handicapped peers. It was, therefore, seen as of interest to determine whether positive relationships between handicapped and non-handicapped students generalise to non-structured activities and to non-classroom and non-school interaction.

The research undertaken by Johnson and Johnson (1986) provided evidence that the positive relationships formed between handicapped and non-handicapped students during cooperative learning activities generalised to unstructured classroom and school situations. However, students reported much less interaction in their homes than in school. In terms of changing attitudes and promoting integration they concluded that "educators who are interested in promoting positive cross-handicap relationships should take note of these results and provide handicapped and non-handicapped students with opportunities to collaborate with each other" (p252).

The study also looked at whether more positive relationships are developed in pure cooperative learning situations than in learning situations where there are both cooperative and competitive elements. This was the first study to compare the competitive with a variety of teaching and learning styles as well as looking at a comparison with a totally individualistic way of learning. Using a range of activities undertaken in competitive and collaborative situations, the pupils were asked to complete an Activity Report Scale after each activity. The finding was that the non-handicapped students in the pure cooperation condition indicated more constructive interaction with handicapped peers than did the non-handicapped students in the mixed conditions. This finding is seen by the researcher as of particular importance when considering the integration of disabled children, since experience suggests that mainstreaming of these children is often organised in such a way that they often work on their own or with a supporting adult, with different materials from most of the rest of the class, thus leaving little room for interaction.

Reporting on a programme of partial integration between a mainstream and a special school, Moore, Carpenter and Lewis (1987) showed that structured activities worked better than unstructured. In particular, free play could lead to disabled pupils becoming isolated or even to their being bullied. The most positive interactions were those which developed through cooperative activities. This was supported by Pulham et al. (1989) indicating that instruction in collaboration is an aid to positive interactions. They emphasised that there needed to be teaching about the interpersonal behaviours that fostered collaboration. Just playing in groups was not enough. Similarly, Eichlinger (1990) indicated that cooperative activities led to more social interaction and that teachers need to provide opportunities throughout the day for this interaction to take place. He, too, emphasised that free play was not the right way to encourage this interaction.

Gillies and Shackley (1988) looked at 14 year old pupils and, using questionnaire and interview, found that pupils from a school where a policy of integration was practised were more likely than those from a non-integrated school to think that the disabled were clever, friendly, capable in domestic situations and approachable in social circumstances. The findings support the view that integration makes a significant contribution towards the social integration of the physically disabled. Until this study there had been only two previous studies (Rapier, 1972; Lehrer, 1983) to look at the influence of daily contact on the views and attitudes of able bodied young people. Neither of these was based in the UK and both used limited samples.

The study by Gillies & Shackley (1988) looked at two secondary schools, one which operated a policy of integration of disabled pupils, and a control school which had no integration. These schools were matched on geographical location, type of catchment area and school size. Questionnaire responses indicated that those pupils from the school with integration of the disabled were significantly more likely to hold positive attitudes towards the physically disabled. The greatest difference was in the view of the academic ability of the disabled where 76% in the integrated situation thought the disabled were as clever as other children, compared to only 52% in the non- integrated situation. There was a lesser difference (69% to 61%) in thinking that disabled pupils were easy to be friends with. In both situations the great majority of pupils felt that the disabled were likely to be unhappy and lonely for at least part of the time.

Of great significance for the present study was the question of whether the disabled should be taught in an integrated situation. Of those in the integrated school, 72% felt that such pupils should be taught in an ordinary school in an ordinary class, compared to only 8% in the non- integrated school. 70% of the latter felt that the disabled should be in some type of special school setting, while the remaining 22% suggested an ordinary school but in a special class.

Roberts, Pratt and Leach (1991, p212) emphasised the points made by earlier researchers maintaining that "the mere placement of these students within a regular school context does not automatically result in increased social interaction between students with disabilities and those without". This study emphasised the

need to look at students in different settings within the school, particularly in the classroom and the playground. They showed that students with disabilities interacted less with their peers in both work and play, than the non-disabled students. They showed that disabled students were less on task in the classroom and hypothesised that this might have led the non-disabled to see their disabled peers as cognitively less competent and, therefore, unable to meet the demands of the types of games being played in the playground. An additional feature of the behaviour of disabled students was that they sought out adults and initiated much more contact with them than did the non-disabled. The writers suggested that disabled students may see solitary play, and adult contact, as much less threatening than trying to play with peers. These findings led to the suggestion that there was a need for teachers to carefully plan opportunities for interaction, and to encourage on-task behaviour to raise the status of the disabled students.

Curricular interventions

The need to help non-disabled pupils to develop more positive attitudes to their disabled peers has led a number of researchers to consider ways in which teachers might intervene to promote such positive attitudes. These curricular interventions have focussed on various activities.

One of the first attempts to use the school curriculum to teach about disabilities was that by Peiper (1974) who developed a programme for use in school to try to alter children's misconceptions about their disabled peers. This included listening to speakers who were disabled; having available books, pamphlets about disabilities; watching films; experiencing disability: taking part in discussions.

Some social psychologists suggest that increasing perceived similarities between disabled and non-disabled individuals might alter misconceptions and negative attitudes through the facilitation of attraction between the two groups. This led to studies such as that conducted by Westervelt et al. (1980) which looked at the effects of a film highlighting the similarities between handicapped and non-handicapped students. The initial results suggested that this was a positive step, but later tests suggested that it was rather limited, and the researchers felt that a film was probably effective only in conjunction with other sources of information.

By contrast other researchers have felt that it is more necessary to emphasise the differences between people. So Thurm and Lewis (1979) maintained that the failure to achieve lasting changes in attitudes to the disabled was due to the failure of mainstreaming programmes to address the issue of differences. They emphasised that the cognitive-perceptual system is attuned to the recognition of differences from early infancy and that the issue of differences must be confronted as a first step towards meaningful social integration.

Donaldson (1980), in a consideration of attitude modification, emphasised that contacts needed to be structured and direct to produce consistent positive attitude change. As with other studies, he concluded that contact, of itself, does not necessarily produce non-stereotypical attitudes. Where interactions were not guided there were often negative results which tended to reinforce stereotypes. He suggested a variety of activities was needed to produce the most effective

results. These included direct contact with disabled people who do not act in a stereotypic manner; indirect contact (through the media); the use of persuasive messages; disability simulation and group discussion. Interventions programmes need to consider the developmental level of the children involved so, for example, programmes for young children would probably be better to be experientially based rather than discussion or information oriented.

Jones, Jones, Sowell and Butler (1981, p366) having stated that "it must be realised that often it is the understanding support and help received from non-handicapped class mates that are the critical variables for handicapped children's success in general education classes," devised a programme of activities for pupils aged 7-9 to enable the children to perceive and to experience the needs of handicapped people. The activities included simulations, interactions with handicapped people and discussions. Their use of activities which could be easily used in a mainstream setting was an important feature as some of the curricular interventions suggested in some studies seem to the present researcher to be less than practical to deliver in a classroom setting. The programme was deemed to be very effective as there were significant positive changes in the perceptions of handicapped people. One of the few studies which did address this issues was that by Fiedler & Simpson (1987) who concluded that non-handicapped children need to be made aware of the needs, characteristics and issues facing handicapped individuals. They also emphasised that this was something which could be undertaken by all teachers and not just be special education specialists.

Leyser, Cumbauld and Strickman (1986) considered the need to modify attitudes and set up a "Learning about Handicaps" programme in which students learned about the causes and impact of disabilities. They concluded that interventions using a variety of techniques were the most successful in terms of attitude change. One of the aspects on which they commented, and which proved to be a feature of the researcher's previous study, was the relationship, and often the contrast, between attitudes as expressed in a pencil and paper test and overt behaviour in the classroom and the community.

Brophy and Hancock (1988) emphasised that social interaction of children with special needs and their mainstream peers will only occur if there is teacher intervention. However, they also made an important point which is not found in other studies when they emphasised that such intervention must not focus too much on special needs as this could continue the process of segregation.

Fox (1989) also wanted to consider whether instructional programmes would influence attitudes and, in this context, she asked does "the nature of the social contact between learning disabled children and their non-handicapped peers affect the level of social acceptance of students with learning disabilities?" (p51). Setting up a range of tasks (one involving discovery and discussion of mutual interests; a second being an academic task; the third requiring no planned interaction) she used repertory grids to contrast dyads of handicapped and non-handicapped pupils.

She hypothesised that providing opportunities for non-handicapped children to discover and explore similarities between themselves and a handicapped peer could greatly enhance the development of a friendship despite their differences. In the study she focused on pupils (4,5,6 graders) from six ethnically mixed elementary schools in a large metropolitan area. Most of these pupils came from families of low to middle socioeconomic status. Using a Friendship Rating Instrument (a sociometric assessment device), the students rated each other on how much they liked to play with and work with each person. These two items were used because of their common use and consistent reliability. The Friendship Rating Instrument was given before and after intervention and again six weeks later. It was found that the non-handicapped students rated their handicapped partners lower than their handicapped partners rated them. Pairing for mutual interests and academic activities resulted in better partner acceptance than where there were no planned interactions. A range of possible explanations was given for these findings: Non-handicapped children often reject their handicapped peers because they never really make an effort to get to know them; Rejection may stem from limited perceptions; Non-handicapped pupils may see the handicapped as different and never take the initiative to discover that they have similar interests.

Many of the attempts which have been made to increase social interaction, have been aimed at pupils in the younger age ranges (nursery and infant). However, similar conclusions have been reached by those who have focussed on older pupils. So in 1993, Staub & Hunt trialed a programme using high school students

for peer tutoring and concluded

> planning for reciprocal interactions must be done in a structured way. If we want social interactions to occur between students with and without disabilities, we must provide an effective, efficient, training approach for enhancing those occurrences. (p55)

Wetstein-Kroft and Vargo (1984, p181) stated that "children's attitudes towards the disabled are a critical element for success of any programme aimed at integration". However, they also commented that many studies of attitude change have been limited to experience at one point in time and attitude changes take time to occur ie it is implicit in many studies that a single experience at one point in time will result in enduring attitude change. The failure of many studies to achieve a maintenance of the changed attitude suggests that single experiences are not sufficient to produce long term changes. In addition, there also has to be reason for attitudes to change (Suedfeld, 1971). Attitudes provide structure; they help people to process new information and to maintain self esteem. Once an attitude is formulated there has to be reason to change it.

Social Skills programmes

The curricular interventions mentioned above focused on raising pupils' awareness of disability and of the needs of disabled peers. Another group of researchers turned their attention to issues of social skills training for the disabled in an attempt to make their behaviour more acceptable to the non-disabled.

One of the first such studies was that by Bruininks (1978) which showed that pupils with learning difficulties in mainstream classes who were significantly less socially accepted than their classmates were also less accurate than their

classmates in assessing their own status within the group. If pupils did not perceive their poor status, then they would not see a need to alter the interactions with their peers in order to achieve more positive relationships. This finding led to the suggestion that teachers should provide experiences to enhance peer relationships in the classroom.

Following this, Gresham (1982) suggested that many efforts to foster positive attitude change failed because it is not enough simply to put non-disabled children into social contact with disabled peers. Disabled children need social skills training before such contact can be expected to result in social acceptance.

Of importance in the study by Gottleib et al. previously mentioned was the issue of whether social acceptance and social rejection were two ends of a single continuum, or whether, in fact, they were independent constructs. The authors suggested that they were the latter because the rejection appeared to be linked to issues of behaviour while the acceptance was linked to academic competence, and that it would, therefore, be easier to reduce social rejection than it would to improve social acceptance. It would be easier to help pupils to modify their behaviour than it would be to give a pupil the necessary academic skills to guarantee improved acceptance. The conclusion of the study was that pupils must be taught to modify their behaviour before they were placed in mainstream classes, because if they were seen to behave in an inappropriate manner it would be very difficult to remove this impression. Only if this were not possible should attempts be made in the classroom situation to modify the behaviour.

Gresham & Reschly (1986) referred to the fact that research suggests that children with disabilities experience significant problems in interpersonal peer relationships and social acceptance by peers. Children with learning disabilities are seen as having the least developed social skills and task related behaviours, such as on-task behaviour and completing tasks. They were also deemed to have the weakest interpersonal skills in such things as accepting authority, helping others and expressing feelings.

Such findings led Strain and Odom (1986, p543) to conclude that "deficits in social skills represent one of the more pervasive disabilities exhibited by exceptional children". As with the studies mentioned above they considered the implications for such a task in a mainstream classroom and advocated the use of peers as a resource to instruct as teachers could not always have the necessary time. They showed that this process could be used successfully with preschool and elementary age children.

In contrast to studies which suggested what ought to happen in a classroom, Odom, McConnell and Chandler (1993) looked at what was actually happening and found that there were three main methods of assisting integration being used by teachers.

(a) "Environmental arrangements", i.e. organising the classroom to foster interaction.

(b) Child specific interventions in which teachers instructed children on skills which they might use in social interactions with peers.

(c) Peer-mediated interventions in which teachers showed non-disabled peers how to initiate interactions with disabled children.

Information from teachers suggested that all of the above were used, but found that the second of these was used most frequently and found to be the most useful and acceptable way of helping towards integration. However, many of the teachers involved expressed concerns about the time and resources needed to make this successful.

Some writers have raised the issue of equal status. Donaldson (1980) suggested that in order to facilitate attitude change it is critical that the disabled person should have at least equal status in relation to the non- disabled. Status is defined as age, social, educational or vocational status. Non-stereotyped attitudes are more likely to emerge if an equal status relationship is perceived, or if the disabled person is higher in status. The disabled themselves are a means to attitude change. They have the power to challenge stereotypes if they do not present themselves in a stereotypic manner.

Closely linked with the issue of status is the notion of perceived similarity with several studies suggesting that the latter is an important aspect of attitude change (Thurm & Lewis, 1979), while others have suggested that the differences need to be addressed (Westervelt and Turnbull 1980). Byrne (1971) developed the Attitude Similarity Attraction Theory in which he hypothesised that a person will be attracted to another person who has similar attitudes. It seems to the researcher that the questions about social acceptance posed by Fox (1989) - Why do people like each other? Why are people attracted to each other? - are of particular importance in setting the base for any attempt to integrate disabled children into school.

Ray (1985) pointed out that most of the studies to date had been based on sociometric ratings, and that these might not reflect actual behavioural interaction. This was a very similar finding to that of the present researcher in the previous study mentioned above (p6). Despite this finding, the suggested interventions are often behavioural in nature emphasizing increases in certain types of interaction, such as sharing and talking, or more frequent interaction. There is an assumption that teacher and sociometric ratings are sufficient to evaluate social ability. "Research employing direct observation of the interaction of handicapped and non-handicapped students and the correlation of these observational data with data from ratings scales is especially needed" (Ray, 1985, p58).

Ray's study was undertaken in elementary schools which were attended by children with a variety of handicaps, including some with physical disabilities. The study employed observation and ratings scales. The data from the ratings supported the hypothesis that handicapped students are significantly more likely to be isolated or rejected by their peers than are non-handicapped students. However, direct observation suggested that there was no significant difference between the two groups. This suggested that handicapped children may be perceived to be different in social functioning but are actually functioning as appropriately as their non-handicapped peers. Ray, therefore, concluded that efforts may be needed to be targeted at changing the perceptions of teachers and non-handicapped classmates, rather than at changing the social skills of the handicapped child.

Hundert and Houghton (1992, p331) stated " successful integration of children with disabilities requires carefully planned and systematic procedures that result in positive social interaction". They suggested that a useful way forward might be to try to develop social skills through a social interaction programme focusing on a whole group or class and not just on disabled pupils. This would avoid stigmatising the latter. The programme which they suggested included instruction; puppet modelling of social skills; rehearsal and feedback; teacher prompting and praising. At the time the programme was carried out children with disabilities increased positive social interaction to levels comparable with those of the rest of the class, but these decreased after the programme. They concluded "perhaps it is not reasonable to expect natural child/social exchanges to develop between children with and without disabilities" (p331).

Stereotypes in literature and the media

It seemed important to the researcher, in the light of the above studies and of the findings of the pilot study, to consider the sources of information from which pupils gained their knowledge about an understanding of disability. Gillies and Shackley (1988) in their comparison of pupils in integrated and non-integrated settings found that 86% of pupils had gained some information from television; 62% had used the newspapers; parents had discussed some types of disability with 55%. These figures were similar in both settings, but the pupils in the integrated school also identified teachers, friends and disabled children as sources of information. Similarly, Taylor (1984) listed television, newspapers, school, radio, magazines, books, parents, other people (in order of frequency of mention) as the bases of pupils' knowledge about disability.

Wetstein-Kroft and Vargo (1984) commented on the powerful influence of the media in perpetuating stereotypes of disability, and emphasised that there were very few books for children in which physical abnormality is depicted in the context of behavioural normality.

The importance of portrayals of disability was emphasised by Rieser (1990). He claimed that children unknowingly absorb a way of viewing disabled people which gives them a negative value and the differences are reinforced by how disabled people are represented in the arts. The "Invisible Children" Conference (1995) looked at the way in which such representations often reinforce discrimination because children are particularly affected by images. They form views through the media, especially where they do not have the opportunity to meet disabled people. Those involved in this conference were convinced that disabled people should be shown as an ordinary part of life in all forms of representation, not as stereotypes or invisible.

The evidence from such studies as those of Taylor (1984) and Gillies & Shackley (1988) make it clear that the ways in which people with disabilities are portrayed in both adult and children's literature, in newspapers and comics, on the radio and TV, in films and advertising, are likely to have an effect on the ways disability is viewed by young people.

A variety of studies of such portrayals have been undertaken (Biklen & Bogdana 1977; Bogdana, Bicklen, Shapiro and Spelkoman, 1982; Ralph 1989; Wertheimer 1988). These studies have identified a number of stereotypes which commonly occur:

1. The disabled person is shown as someone who is to be pitied. Many books focus on this aspect, often to emphasise the goodness of the person who is helping them in some way for example, Tiny Tim in *A Christmas Carol.* This side of disability is also often emphasised in advertising for charities and in the way disability is dealt with in such events as the Telethon. Advertisements have been used which have shown pictures of children, in wheelchairs, looking helpless and sad. Linked with this are those books which show people feeling sorry for themselves - the theme of the story often being that they come to terms with their disability. Alternatively, in books such as *Heidi*, they are shown as having a "happy ending" because the child is cured.

2. One of the most common images is of the villain with a disability. In many books the disability is used to apparently heighten the atmosphere of evil. This type of image is well known in many of the stories which many children will have heard at an early age, for example, Captain Hook in *Peter Pan*; the dwarf in *Rumpelstiltskin*; the witch in *Hansel and Gretel.* There are many examples of films of science fiction, horror and crime where the bad characters are shown with some type of disability. Such portrayals suggest to people that there is a link between a person's physical state and his or her moral character.

3. In films and news coverage there is often emphasis on the achievements of people with disabilities. Sometimes this is for things which are quite ordinary achievements. But there is a tendency for the media to concentrate on what are described as extraordinary achievements - almost as if people become 'normal' by these actions, for example, by

participating in the Wheelchair Olympics or the London Marathon.

4. In other cases the disability is used as the means of providing comedy. This is often to be seen in comedy turns featuring someone who cannot hear very well and the 'comic' outcomes of their misunderstanding what has been said to them.

5. There are some portrayals of disabled people which link physical and mental disability - the assumption is made that, because a person is, for example, in a wheelchair, he or she is also unintelligent.

6. Finally, disabled people are shown as not being able to take part in all aspects of daily life. This is often as much by default as deliberate. In many places disabled people will be seen, yet they are not portrayed as part of the norm of society in films, TV programmes etc.

> The non-disabled view often results in good intentions going astray...many problems stem from making the disability issue the central one... it is often more helpful to build in incidental disabled characters who are simply part of the scene. (Pointon, 1995, p18)

Summary

This chapter has summarised some of the research which has looked at the attitudes of children and young people to disability and highlighted the fact that many of the non-disabled hold negative views about disability which provide a difficulty in moving towards integration. It has shown that, while there has been a widespread belief that contact with disabled people can help to improve attitudes, it is more effective to support this contact by means of cooperative learning, teaching about disability, and helping disabled children to develop social skills acceptable tp their non- disabled peers. Finally there has also been a brief summary of the ways in which people with disabilities are portrayed in a wide range of literature and in films and on television.

CHAPTER V

METHODOLOGY AND PILOT STUDY

The initial study by the researcher, and the questions raised about the social integration into mainstream schools, of pupils with physical disabilities, together with further review of literature in the field, led the researcher to consider various ways of looking at the attitudes of pupils to disability. Linked with this was the question of whether, if necessary, it would be possible to modify or change any negative attitudes to support the integration of pupils with disabilities more successfully.

Attitude investigation

It was clear to the researcher that it was not possible to assess attitude by means of a very few questions or statements. A range of statements would be needed to achieve clarity. Initially, therefore, consideration was given to the use of some type of attitude survey/ measurement, for example, a Likert Scale (Likert, 1932). In such a scale a number of items is presented to participants, who are asked to respond by indicating whether they agree or disagree with the statement.

However, the use of such a scale was decided against for a variety of reasons:

1. As the researcher wished to involve pupils as young as six years old, and pupils of all abilities, and those for whom English was a second language, it would have been unlikely that they would all have been able to deal with the reading skills involved in such a survey. This would have meant that there would have been a restriction on the pupils who could be involved in the survey which would have given a biased picture.

2. While, within a school setting, it would have been possible to ensure that all the pupils involved completed such an attitude scale (within their capabilities), there would have been a number of other factors over which the researcher would have no control. In particular there would be the issues of motivation and the fact that some people might not report their attitude accurately, but would use responses which they felt might show them in a good light. The need to know the age, gender, and ethnic origin of each participant, would have meant that there was little possibility in a school setting, of pupils being able to remain anonymous.

3. Attitude surveys (as any type of survey) can be limiting in the information they give as they are bound by the actual items in the survey. The survey constructor is in control. This meant that there would have been no opportunity to discuss and develop any ideas with participants, or to follow up any queries raised by their responses. It was, therefore, felt that face to face contact with the pupils would give more opportunity to see reactions and to develop ideas.

Possible difficulties with reading for the younger pupils and those with learning difficulties also meant that the use of such items as the *Attitude Towards Disabled Persons Scale* (Yukar, Black & Young, 1970) would not be appropriate with these pupils. Because of these concerns about pupils' ability to read, consideration was given to the use of a picture ranking technique, such as that used by Richardson (1976).

This involved ranking the pictures of non-handicapped and handicapped children in response to the question 'Which boy or girl do you like best?' While the use of such a technique would eliminate the difficulties of younger or less able children having difficulties with reading, the researcher felt that the responses would be too limited to give the opportunity to develop the pupils' ideas. For this reason the possible use of a Social Distance Questionnaire (Westervelt and Turnbull, 1980) was also eliminated.

Interviews

The possibility of an interview was then considered. Interviews are particularly useful because they are flexible and would give the opportunities mentioned above to follow up on issues. A semi-structured interview format was selected, so that the researcher was able to work out the questions to be answered, but was able to change the order if this seemed appropriate in the context of the conversation. It also meant that questions could be omitted or added, or explanations given, if this were seen to be useful. In such an interview it would also be possible to include a mixture of both closed and open questions. In some, therefore, there would be a choice of fixed responses and others in which there would be opportunities to explore subjects with the flexibility of a wide ranging discussion if appropriate. Thus, in the present context, it would be possible to incorporate questions about children's knowledge and experience of disability and give the opportunity for a more open discussion about reactions to disabled pupils in mainstream schools.

Personal Construct Theory

At the same time, however, it was felt that some more unobtrusive and objective method would also be useful, especially as children might be easily influenced in an interview situation - either because they were not very open in their answers or because they were affected by the way in which the interview was carried out.

The researcher, therefore, turned to personal construct theory and the use of repertory grids, as an objective way of talking to pupils about their attitudes and as a means of building up a picture of children's constructs which could lead to an understanding of the difficulties being experienced by physically disabled pupils in mainstream schools. The use of repertory grid technique had been used successfully with young children by Salmon (1969) and Applebee (1976) and was felt to be a useful approach with the age groups involved.

The use of these grids was set within the semi-structured interview so that there were opportunities to ask a fixed range of questions about a pupil and his or her knowledge and experience of disability, and, at the same time, there was the opportunity to follow up on comments made by individual pupils.

Personal construct theory was developed by Kelly (1955) to facilitate the discovery and exploration of personal meaning. For Kelly, there was no objective, absolute truth, so events are only meaningful in relation to the ways in which they are construed by the individual. Constructs are units of meaning which sum up people's ideas, feelings and memories about people and events in their lives. They are the way in which an individual perceives his or her environment, interprets

what he or she perceives, and behaves towards it. A personal construct system refers to the fact that constructs are unique to each individual and therefore each person's experience of the world is different from everyone else's. They are part of a subtle creative process - something we do all the time to live in the social world. They are also part of a system and this means that it is not possible to understand a world of meaning from one construct. The interconnections between constructs are what give the meaning.

Thus, personal construct theory indicates that individuals can describe the ways in which they interpret situations: a situation can refer to a word, a person, or an event. Different people may interpret the same situation in different ways and an individual's interpretation of a particular situation depends on his or her previous experience. This experience is, therefore, used to develop the system of personal constructs which form the framework for the interpretation of any situation.

These constructs are not fixed but can be modified in the light of further experience. What is constructed can be reconstructed. We change our minds; come to see things differently; arrive at a new interpretation; see different aspects of a situation. Personal construct theory is focused on learning, so to construct and reconstruct gives the possibility of life long learning.

The theory which was then developed by Kelly was that these personal constructs can be used as a way of exploring people's attitudes. This is done by uncovering the constructs which an individual considers to be important. A person uses the constructs to evaluate people, objects and events - known as elements. The

procedure used by Kelly and since modified, was to present these elements in groups of three (triads) and to ask people to indicate which two elements were alike and which was different. This procedure was based on his theory that constructs are bipolar. Apparent similarities may mask differences. Therefore it is important to look at what he described as "the poles" (the similarities and differences). For example, someone may be described as "kind" but only the pole would show what this really meant. The pole could be mean/bad/cruel/inconsiderate. The construct would be different for each of these. Kelly (1963) emphasised that one needs to be aware of the two-ended nature of the construct and the possibility that one person's 'gentle' may have quite a different continuum stretching from it than does another person's 'gentle'.

Participants are, therefore, asked to say in what way two of the three elements are alike, but the third is different. The two elements which are alike are described as the emergent pole; the other is called the implicit or contrasting pole.

Further analysis is possible by the completion of a grid which indicates the way in which the person considers a particular situation fits a particular construct. Discussion focused on the analysis is one of the great benefits of using personal construct theory. It can lead to an understanding of the attitudes of an individual and give information about how a person will interpret and anticipate situations.

How things are seen and their interpretations are not just academic but have consequences for what is done. Personal construct theory shows the relationship between the way in which we construe and the way in which we behave. It indicates the importance of the relationship between construct and action.

However, we are reminded that

> while there are great benefits in the form of understanding and insight to be gained from the use of ideas from Personal Construct theory... users must remember that constructs are only an attempt to understand the perceptions of others. (University of Bath, 1989, 2.1.6/6)

The repertory grid which may be drawn up is a set of representations of the relationship between sets of things a person construes (the elements) and the sets of ways in which the person construes them (the constructs). Fransella and Bannister (1977, p4) commented

> The grid is perhaps best looked on as a particular form of structured interview. Our usual way of exploring another person's construct system is by conversation. In talking to each other we come to understand the way the other person views his world, what goes with what for him, what implies what, what is important and unimportant and in what terms they seek to assess people and places and situations. The grid formalises this process.

Such an explanation seemed to the researcher to describe a method which would sit well within the context of a semi-structured interview.

Pope and Keen (1981), in an analysis of the use of grids in educational research, indicated that, amongst the ways in which these had been used were curriculum development and investigation of interpersonal relations between teachers and children in the classroom. The researcher felt that both of these were indicative of a method which could be used to look at children's attitudes to one another and to consider the development of a curriculum for integration.

Personal Construct Psychology

The development of the use of personal construct theory led to the decision (1977) to refer to personal construct psychology rather than to limit researchers

to the original personal construct theory. Over the years a number of different forms of repertory grid technique have been developed from that used by Kelly. While the latter felt that it was important for individuals to nominate both elements and constructs themselves, there have been developments using supplied elements and/or constructs (Fransella & Bannister, 1967).

Kelly (1955) stated that a construct operates always within a context and that there is a finite number of elements to which it can be applied by a given person, that is, there is a ' range of convenience'. If we ask someone to operate outside this range of convenience then we could move into the realm of nonsense. Constructs can apply to only a limited number of people, events or things. Elements have to be a reasonable sample for a person to complete the grid.

The provision of constructs, however, does seem to move away from the individual approach of Kelly and, although there have been arguments in favour of providing the constructs (Adams-Webber, 1970) the argument of Bannister and Mair (1968) that there is a danger that assumptions about the interpretation of supplied constructs may be made, seems to the researcher a valid one. The decision was, therefore, taken to attempt to elicit constructs from the pupils involved in the research.

Further variations which have been used are that constructs may be elicited in a variety of ways such as presenting the elements in pairs (dyads) (Maddick, 1988) or providing a picture sorting task. The researcher decided to use the diadic method in the pilot study if the triadic method were not successful.

A different situation seems to arise with the provision or elicitation of elements. There have been investigations in which it has been useful to supply the elements. These have focused on children and on people described as being of low ability. For example, Ravenette (1975) used pictures of children in a range of situations and Barton et al. (1976) found that people with very low IQ levels could deal with up to eight or nine elements when printed names were supplemented by drawings. Edwards (1988) found that it was possible to use the technique with children of nursery school age by providing elements in the form of pictures. It was decided, for the present pilot study, to attempt to elicit elements, but to have a series of photographs available in order to test the relative success of eliciting or supplying elements.

Variables

It was planned to focus the analysis of the interviews on four variables:

(a) age

(b) gender

(c) ethnicity

(d) contact with children with disabilities

Age

Children in two age groups - six/seven year olds and nine/ten year olds - were chosen. It was anticipated that the difference between these two age groups would reflect any significant development in cognitive thinking, use and complexity of language which might affect constructs of disability and knowledge and

understanding about disability (Child, 1986; Clark and Clark, 1977). These ages were selected as of interest because most of the studies on integration mentioned above focussed on young children (preschool and infants). A small number looked at the attitudes of secondary aged pupils, but there were few examples of comparative studies. Richardson (1970) surveyed children from kindergarten through to high school age and concluded that children's liking of disabled peers gradually changes with increasing age until (by 12th grade) it most resembles that of the same sex parent.

Gender

Gender was to be included in the variables as there was a possibility that girls and boys might respond to disability in different ways. Some researchers have referred to gender differences which have been noted in attempts to integrate pupils with physical disabilities. Richardson (1970) found a variation in the responses to different types of handicap in that boys rated functional handicaps lower than girls, while the girls rated cosmetic handicaps lower than the boys. Fox (1989), in a programme to encourage contact between handicapped and non-handicapped children, found that there was a gender difference in the response to various activities. The girls who were paired for mutual interests were more accepting of one another than those paired for academic activities, while, as long as boys were paired the nature of the contact did not affect the ratings. She also found that the effects of the programme were longer lasting for girls than for boys.

Leyser, Cumblad and Strickman (1986) referred to the Attitude Towards Disabled Persons scale which usually shows higher scores for females than for males. In their research there was no significant difference between the genders at the outset but after a programme of activities they found that females were more affected by the interventions than the males and were seen to develop more positive attitudes.

The gender differences were also mentioned in the research of Fiedler and Simpson (1987) which showed that females held significantly more favourable attitudes towards handicapped people than their male counterparts. This is consistent with the results of previous research (Simpson et al., 1971; Newman & Simpson, 1983). Thus if females' attitudes are naturally more positive and more easily changed in a positive direction, female students would be best to serve as peer tutors or role models for disabled students. It could also encourage the participation of non- disabled males.

Maddick (1988) used personal construct psychology to investigate the constructs of young people, with and without disabilities, in special and mainstream schools. Two gender issues were raised by this study: (a) that girls seemed less aware of disability than boys and (b) that boys were more inclined to think a special school appropriate. However, this was only a small number and most pupils felt that children with disabilities should be given a chance in mainstream schools.

Ethnicity

As many of the schools in the area of the local education authority involved had a high proportion of children from ethnic minority groups, it was proposed to

consider ethnic background as a further variable. The researcher was particularly interested in interviewing a group of pupils who were themselves, or whose parents were, from the Indian subcontinent. The reason for this lay in the experience of members of the Support Service team who had reported that parents from the Indian subcontinent seemed to find particular difficulty in accepting a child with a physical disability. Discussions had taken place in the course of working with these parents, some of whom had indicated that this was the case, particularly if the disabled child were an eldest son. This raised the whole question of attitudes to disability within the Indian/Asian community - would the children from that community have very different attitudes from their United Kingdom white peers?

However, there has recently been research into the beliefs which are held by various professionals about Asian families, which has raised doubts about this. Shah (1992) aimed to challenge some of the stereo-types held by social workers and others about Asian parents' attitudes towards their disabled child. A list of expectations was drawn from discussions with social workers. This list included:

1. Asian parents reject their child as soon as they discover she or he has a disability.
2. Asian parents feel stigmatised by the community.
3. Asian parents see the birth of a disabled child as a punishment for sins or as a test from God.
4. Asian parents fail to see the necessity to prepare for the future welfare of the child.

Shah commented that, while there are some Asian parents who fit the above stereotypes, such attitudes can also be found among white parents of children with disabilities. Thus, she concluded (p21)

> Disability ...creates profound emotional, practical and psychological experiences for all parents...where Asian families are concerned, common sense about a valid generalisation of attitudes towards disability is lost in the midst of ignorance and perceived cultural differences.

Russell (1992) stated that

> Over the past decade there has been increasing interest in listening to parents of children with disabilities.....but there has been corresponding concern about the stereotypes which have been created about the feelings and perceptions of Asian families. (Shah, 1992, ix)

In this introduction Russell referred to the isolation and grief and anxiety that all families with disabled children experience as they come to terms with the demands of dealing with a disabled child, finding their way through the maze of professionals and service providers with whom they need to deal. Shah's research (1992) indicated that many parents felt that they had a lack of information about their child's disability and therefore they felt unable to cater for them properly. Among many difficulties listed by Asian parents was access to the way in which the education system worked. Many felt that the decisions were really taken for them by the professionals and the whole process of assessment, statementing and choice of school was often very unclear.

Uppal (1991) linked this to language difficulties and suggested that many Asian mothers are linguistically and physically isolated from access to services and knowledge about them; some women are very unsure of what is expected of them in the United Kingdom to fulfil their role as mothers.

It would appear from the above research that many of the apparent negative attitudes perceived by teachers of these children could be accounted for by the lack of knowledge and information which many Asian parents mentioned. However, the researcher considered it appropriate to consider the ethnicity of pupils in the study to see if, for whatever reason, a difference between ethnic groups were reflected.

Contact with the disabled

It was also planned to consider whether being in contact with people with physical disabilities made any difference to children's constructs about such disabilities. In order to facilitate this, children from two schools would be selected. One of these schools would have children with physical disabilities on roll and the other would have no children with obvious physical disabilities. This choice was made because the researcher wished to find out if there were any differences in attitudes to physical difficulty brought about by frequent contact with children who were disabled since, as discussed above, the evidence from research is somewhat contradictory.

Groups

A decision was taken to select groups for the research from two schools. These were both JMI (Junior Mixed and Infant) schools of similar sizes with similar ethnic mixes. The difference between the two schools was that one had a number of children on roll who had obvious physical disabilities because they were in wheelchairs or on crutches. The other school, being on three floors with no lift, had no such pupils.

The ethnic backgrounds of the pupils in the schools were varied. Each contained a group of United Kingdom white pupils, together with a large number of Asians from the Indian subcontinent (including pupils born in the UK and some from East Africa). There were also a few pupils from Cyprus (both Greek and Turkish), from Hong Kong and a variety of Arab countries.

Summary

This section has considered the methodology to be used in gathering information about children's feelings about disability. It has discussed the reasons for rejecting such items as attitude scales and focussed on the development of personal construct theory and its uses. Finally it has explained the variables which will be considered in the analysis of the interviews.

The Pilot Study

A pilot study was used to test the methodology. It was used (1) to find out whether or not young children (age six/seven) could be interviewed using the Repertory Grid technique; (2) to see if they understood the terms "physical handicap" or "handicap" or "disability"; (3) to find out if it were possible to elicit elements from the children, or if these had to be presented to them; (4) to attempt various methods of construct elicitation to see which was most successful; (5) to see if they were able to scale the constructs using the tick/cross method; (6) to consider whether any particular difficulties were associated with variables such as the age of the child or the ability of the child.

The pilot study took place in the first half of the Summer term 1990. All the children were in year 2 (Top Infants) of an infant school (School A). This was a different school from those selected for the main study, as would be expected from a pilot. This age group was selected as being the youngest age group which it was intended to interview for this study. The researcher anticipated that, if children of this age could deal with the questions, those of an older age group would also be able to do so. There was no deliberate choice of children other then by age group. The parents of all the children in the class were approached to see if they were willing for their children to participate in the pilot study. The 15 children interviewed were those whose parents gave permission.

As the children were in the top infant class, they fell within the age range 6 years 9 months to 7 years 8 months at the time when the pilot study was conducted. The aim was to see if the younger children had any more difficulty in dealing with the questions than those at the older end of the age range. Information was also sought about the ability of the pupils in the pilot study to see if the less able found the questions more difficult than those of average or above average ability. This information was based on estimates from the class teacher. She was asked, from her experience of the children, to make an assessment of their ability in very broad bands - below average/average/above average. As she had been teaching the class for more than two terms, it was felt that she would have the necessary experience of the children to make this judgement.

Participant summary

Fifteen children were involved in the Pilot Study.

The table which follows gives a breakdown of those 15 pupils by age, gender, ethnic origins, English as a second language and ability.

TABLE V - PILOT STUDY PARTICIPANTS

AGE	5 pupils aged 6 years	10 pupils aged 7 years		
GENDER	8 girls	7 boys		
ETHNIC ORIGINS	11 UK White British	2 Greek Cypriot	1 Malaysian	1 Zambian
ABILITY RANGE (teacher assessment)	3 below average	5 average	7 above average	

Method

Initially some time was spent in the classroom working with the children so that, when interviewed, they would be talking to someone they had met, rather than to a stranger. At the beginning of each interview some time was spent in general conversation with the child in an attempt to set him or her at ease.

The interview took the following format:

1. Each child was asked if she or he had heard the term "physical handicap" and if she or he understood its meaning. If the words were not known or understood the alternative terms "handicap" and "disability" were put forward.
2. The child was then asked where the term had been heard before, and if she or he could give any examples of physical handicaps. These examples might be the names of particular disabilities such as "deafness" or descriptions of a condition such as "can't walk".
3. If a child described a physical disability she or he was asked if she or he knew the name of that disability.
4. These names or descriptions became the elements to be used in construct elicitation. They were written on cards, together with drawings to act as a reminder for those who could not read.
5. At this point, the child's understanding of the terms "same" and "different" was checked. Coins were used for this purpose.
6. The triadic method of construct elicitation was then used.
7. Where this proved too difficult, the diadic method was attempted.
8. Where too few elements were elicited at 4 to make construct elicitation useful, steps 6 and 7 were omitted.
9. The child was then shown a series of photographs of children with various physical disabilities. She or he was asked "Have you seen anyone like this?" "Can you tell me anything about the child in the picture?"
10. Once the child had given as much information as possible based on the photographs, the interviewer gave a brief explanation about those which had not been recognised.

11. The photographs were then used to elicit constructs as at 6,7 above.

12. Finally an attempt was made to scale (complete a grid) using the tick/cross method.

Findings of the Pilot Study

Numbers refer to the sections under Method.

1. Understanding of Terminology

Of the 15 children interviewed, nine had heard the term "physical handicap" and were able to explain its meaning in some way. Two others knew the term "handicapped", two knew "disabled" and two were not familiar with any of the terms. Meanings of the terms were usually given in the form of examples of physical disability. Sometimes comments were also made about the causes. Of the two children who did not recognise any of the terms, one was at the older end of the age group, and of below average ability, the other was at the younger end of the age group and of above average ability.

2. Experience of disability/elicitation of elements

Of the children interviewed, eight knew disabled people - as members of the family, as friends, as neighbours, or at school. 7 of the children had seen disabled people on the television. Others had heard the term used at home, in school or read about a disabled person in a book. In spite of the contact with disabled people, and seeing them on television, the children had very little information about the types of disability. Thus, when they were asked to give examples, the suggestions they were able to make

were very limited. The majority (8) were able to suggest that not being able to walk was a disability. Some (9) suggested sensory impairments (either blind or deaf). A few (4) mentioned inability to speak properly. One child commented that they would "look strange". Another said that they might have "some part missing", while two suggested that they might have no arms and one mentioned no fingers.

3. *Naming of physical disabilities*

   The only disabilities which the children were able to name were deafness and blindness.

4. *Elicitation of constructs*

   It was possible to elicit constructs at this stage from only six of the children, as they were the only ones who had suggested three or more disabilities.

5. *Understanding of same/different*

   All the children understood these terms.

6. *Construct elicitation - Triadic Method*

   As there were very few elements, the constructs suggested at this stage were also very limited. Most of them were in terms of mobility/non-mobility.

7. *Construct elicitation - Diadic Method*

   The six children were all able to use the triadic method, so there was no need to attempt the diadic method at this stage.

8. *Inability to elicit constructs*

Steps 6 & 7 were omitted with the nine children who had been unable to suggest any construct, or who had suggested only one or two. There was no clearly defined pattern of those able/unable to suggest constructs. There was no obvious difficulty caused for the younger children or for the less able; the children were spread across the age group and the ability range.

9/10 *Use of photographs*

These were used with all the children, in order to gain a picture of children's responses to them, to ensure that they were suitable for use in the main study. The photographs were all of disabled children/young people. They were chosen as showing a range of disabilities, both obvious and hidden. The children/young people in the photographs were from a range of ethnic backgrounds and of both genders. A detailed description of the photographs is given below. In the pilot study the participants were able to comment on the disabilities portrayed, for example, "he can't walk"; "he can't see". The majority were able to name blindness, deafness, and asthma, but none recognised the names of the other disabilities shown. They were also able to make some suggestions about the causes of disability, for example, "he has had an accident and hurt his legs".

However, two of the photographs proved to be confusing for the pupils:

(a) Cystic Fibrosis - This showed a girl lying over a bean bag, preparing for her physiotherapy session. This was being carried out by an adult.

probably the girl's mother as it was in the home. Pupils found this the most difficult photograph with which to deal and those who were able to make any suggestions talked about fainting or resting.

(b) Deafness - This was a two-part photograph. In one part a young girl was shown fixing hearing aids behind her ears. In the other part she was using radio aids. While a number of the pupils recognised that the child in the photograph was wearing hearing aids, others mistook the radio aids for personal stereos.

11. Elicitation of Constructs

The elicitation of constructs at this stage, using the photographs as elements, was much more successful than using names. 21 different constructs were suggested by 13 children. Individual children suggested from two to seven different constructs. These fell into various categories:

(a) What the child looked like

(b) What the child could/could not do

(c) What help he or she needed

(d) The cause of the disability

(e) The type of person the disabled child might be.

Two of the children were unable to give constructs using the triadic method, so the diadic method was attempted. However, no constructs were suggested. One of these children was at the lower end of the age range, and of average ability. The other child was one of the older children in the class, but of below average ability.

12. *Scaling/Completing the Grid*

This was attempted, using the tick/cross method, with all the children who had suggested constructs and was found to be very straightforward.

Conclusions of the Pilot Study

There was little difficulty for the children interviewed in understanding the terms "physical handicap", "handicap" and "disability". Of the children who did not recognise the terms, there was no indication that this was linked to either younger age or to lower ability. The most difficult part for the children was the elicitation of elements without photographs. This meant that they were unable to make many suggestions as to types of handicap, so that there were very few opportunities for construct elicitation. The presentation of elements in the form of the photographs was much more successful.

Most children were able to use the triadic method of construct elicitation. Those unable to respond to this were unable to respond to the diadic method. Again, there was no indication that there were particular difficulties for those of the younger age or lower ability. There was no difficulty with the tick/cross method of grid completion.

The overall finding of the pilot study was that children in this age group were able to deal with being interviewed both by the use of the semi-structured format and by using the repertory grid method. However, some changes for the main study were indicated.

1. That attempts to elicit elements from the children should be eliminated

from the main study. This was the least successful part of the pilot as very few children were able to respond in sufficient detail to move to construct elicitation at this point. It was also very time consuming and, for some children, somewhat stressful, although emphasis was placed on making the discussion as relaxed as possible and the drawings provided a 'fun' interlude.

2. That the photograph of the child with cystic fibrosis should be changed to try to make the disability clearer, and that the part of the photograph of the deaf girl which showed her with radio aids should be cut out.

3. That the children should be asked about their understanding of all three terms - "physical handicap", "handicap" and "disability" instead of stopping when one was discussed which they knew. The reason for this was to see if there were any differences in understanding of the terms.

4. That the construct elicitation should be embedded in a somewhat more structured and wider-ranging interview than had been the case in the pilot study in order to develop some of the issues which had been raised, for example, about experiences of disability and causes of disability.

   Although this had not been an issue before the pilot study, some comments made during the interviews suggested to the researcher that it would be useful to provide more opportunity for children to discuss issues about the attendance of disabled children in mainstream schools.

5. That there should be flexibility in the order of the interviews to allow for children's varying knowledge and experiences. If the child did not

recognise the initial terms, she or he should move at once to look at the photographs; if the child were unable to give examples of disability she or he should move straight to the photographs; if she or he said she or he had not seen any disabled people, the question should be repeated after the child had seen the photographs.

6. That each child should be asked for information about the languages she or he speaks, together with country of birth, since class teachers do not always have this information.

The Mini-Pilot: using taped interviews

When the original pilot study was carried out, it was decided to make notes as the children spoke. A form was devised which made it easy to follow the outline of the interview and to note down what had been said by the interviewees. As this followed the same basic pattern in all cases, the researcher had no difficulty in putting down all that was said. Consideration was given to taping the interviews but the researcher felt that the presence of a tape recorder might be too obtrusive and inhibiting to the young children.

However, in order to see if it were possible to obtain release from note taking, and to be able to maintain eye contact with the children it was decided to do a "mini-pilot" - to see what the effect of a tape recorder might be on the children. It was also anticipated that when older children were interviewed they might have more to say, which could increase the difficulty of note taking. This mini-pilot was carried out with six children in the first school (School B) selected for the main study.

There were no difficulties caused for the children by having a tape recorder in the room. Their teacher reported that they were used to taping themselves. A number of children wanted to know why the conversations were being taped, and it was explained that the researcher might not be able to write quickly enough to get down all that they said. They appeared to be quite happy with this explanation. Some of the children asked if they could listen to themselves at the end of the interview.

Although there appeared to be no problems for the children caused by the interview being taped, there were difficulties with the actual recordings. The researcher was alone in the room with the children, but most of them spoke very quietly. As a result the volume on the tape recorder had to be turned up. This meant that a lot of noise from outside the room was picked up, so that the recordings were not always clear. It was not, therefore, possible to rely on the recordings instead of on note taking. However the interviews were recorded and the tapes kept for reference in case the researcher needed to check back on something which had been said.

The mini-pilot brought to light a difficulty which had not arisen in the main pilot. This was with the method of grid completion. In the original pilot, the tick/cross method had been used with no difficulty. When the same system was attempted with the pupils in the mini-pilot, the children all asked if they had said something wrong because a cross had been put.

The reason for this response was not immediately clear. However it was followed up by discussions with the class teachers in the two schools and it came to light that the schools had different policies about the way in which work was marked.

In the first school no ticks or crosses, but only comments, were put on children's work. In the second school marking was with ticks and crosses. The decision was, therefore, taken to change the grid completion to a tick/circle.

CHAPTER VI

THE MAIN STUDY

The schools

Both schools were two form entry JMI schools in an outer London borough. In the areas served by the schools people were of generally low to middle socioeconomic status. Both were in ethnically mixed areas. School B had on role pupils from Asian (mainly Indian), Cypriot (both Greek and Turkish), Iranian, Chinese, and Mauritian backgrounds as well as United Kingdom White pupils. School C had on role pupils from Asian (again mainly Indian), Iranian, Greek Cypriot, Egyptian, Japanese, Arabic and United Kingdom White backgrounds. However, there were more pupils from the ethnic communities in School C and more of these were Asian.

School B was built mainly on one level with infant and junior departments situated around courtyards. There were a few steps to gain access to the building from some entrances and to move to the hall and dining areas. This building had been adapted by the addition of ramps and rails and the provision of disabled toilets and showers, to take physically disabled children. Most of these children were in wheelchairs, but some were able to use crutches for movement around the building. The disabled pupils in the school (usually about 10 at any one time) were mainly from the area around the school, although some were from outside the school's usual catchment area and one or two came from a slightly greater distance. The reason for this was that the policy of the local education authority was for disabled pupils of primary age to be in their local schools wherever

possible. However, a number of the other primary schools in the area of School B were two and three floor buildings and were unsuitable for disabled pupils without many adaptations.

School C had been built originally as a secondary school and, apart from later single floor buildings which were used by nursery and reception classes, was on three floors. As there were schools nearby which were single storey buildings, no attempt had been made to adapt this school for the physically disabled.

The pupils - selection

The researcher decided to interview 20 children in each of the four classes used in the study. 20 was selected as giving a good cross section in each class without being too great a number with which to deal within the time available. Thus, a total of 80 pupils was interviewed.

The four classes were: -

1. School B	PD pupils on role	Year 2 pupils (age 6-7)
2. School C	no PD pupils on role	Year 2 pupils (age 6-7)
3. School B	PD pupils on role	Year 5 pupils (age 9-10)
4. School C	no PD pupils on role	Year 5 pupils (age 9-10)

As each school had a two-form entry, the selection of the class, within the year group to be used, was done in consultation with the Head Teacher and class teachers. Various factors were taken into consideration. In School B the class was to be one in which there were no children with disabilities as, at this stage, the researcher wanted to look at the effects of general contact in the school rather

than very close classroom contact. Thought was also given to the experience of the class teacher - one class had a newly qualified teacher who was having some difficulty, so her class was avoided. Pressures of time were also looked at - the SATs (Standard Assessment Tasks) were in progress when the Year 2 classes were being interviewed and the classes selected were those in which the teachers felt able to cope with someone extra coming into the class and taking children out. In School B the pupils were in classes of 30. In School C they were in classes of 28.

In each case, letters were sent to the parents of all the pupils in the class, explaining the researcher's work and asking for permission to interview their child. Pupils whose parents responded first were the pupils whose interviews were used in the study. (In two classes more than 20 parents replied. Their children were interviewed as the researcher did not wish to exclude anyone, but their interviews were not used for the purposes of this study.)

The choice of pupils within each class was based on parental reply. However, the balance of children within each class in proportion to the whole class proved to be very balanced. (See tables VI-VII for breakdown of classes by gender, ethnic background and first language.)

TABLE VI - GENDER of pupils involved in the study

	GIRLS	BOYS
SCHOOL B YEAR 2	8 (12)	12 (18)
SCHOOL C YEAR 2	11 (14)	9 (14)
SCHOOL B YEAR 5	8 (13)	12 (17)
SCHOOL C YEAR 5	12 (17)	8 (11)

The first number given is for the number of pupils interviewed. The number in brackets is for the total pupils in each class.

TABLE VII - ETHNIC BACKGROUND of pupils involved in the study

	SCHOOL B YEAR 2	SCHOOL C YEAR 2	SCHOOL B YEAR 5	SCHOOL C YEAR 5
Asian (Indian)	11	11	11	17
Chinese	1	-	-	-
Greek Cypriot	1	3	1	-
Indonesian	-	1	-	-
Iranian	2	2	-	-
Japanese	-	1	-	1
Mauritian	-	-	1	-
Turkish Cypriot	1	-	-	-
UK White	4	2	7	2

TABLE VIII - FIRST LANGUAGE of pupils involved in the study

	SCHOOL B YEAR 2	SCHOOL C YEAR 2	SCHOOL B YEAR 5	SCHOOL C YEAR 5
Chinese	1	-	-	-
Creole	-	-	1	-
English	5	2	7	3
Greek	1	3	1	
Gujarati	4	9	4	13
Hindi	3	1	1	1
Indian	3	-	1	
Iranian (Farsi; (Persian)	2	2	-	-
Japanese	-	1	-	1
Punjabi	-	-	1	
Spanish	-	1	-	
Tamil	-	-	-	1
Turkish	1	-	-	
Urdu	-	1	4	2

Interview and repertory grid elicitation -the main study

The interview schedule is included as Appendix A.

As in the Pilot Study, time was spent in each classroom prior to the interviews with the children, so that the researcher was not unknown to them when the interviews started. Each interview began with general talk, designed to set the child at ease. In each case the researcher explained the task on which she was engaged, and also why she was taking notes and taping what was said. This gave the child the opportunity to ask any questions and to look at the tape recorder. Each child was then asked to tell the researcher about her/himself. This was to

enable the researcher to check on age and find out about first language/s and ethnic background.

The main part of the interview then began with a question to the pupil about the meaning of the terms "physical handicap", "handicap" and "disability". This included whether the child had heard the terms, and whether she or he were able to say what they meant.

If the child were able to deal with the above question, s/he was then asked if s/he knew or had seen any people who were disabled. If the answer were "yes" then this was developed in terms of who these people might be - family, friends, neighbours, people at school, people seen out in the community. This was followed by questions on other ways in which the child might have heard about or seen people with disabilities. These focused particularly on television and books.

Finally, in the first part of the interview, the child was asked about the causes of disability, in order to see if s/he were able to mention birth, accident or illness.

The child was then shown the photographs of the young people with disabilities and asked what s/he could say about these people. S/he was also asked to name the disability shown in the photograph, if this were not mentioned in the discussion.

The researcher then named, and gave a brief explanation about, those disabilities not known to the child and checked the understanding of those which had been

named. At the same time the child was asked if s/he had heard the names in order to ascertain whether they were in her/his passive rather than receptive vocabulary.

At this point the concepts of "same" and "different" were checked, using coins. Where these were understood, the child was then shown the photographs of the nine children with disabilities and constructs were elicited, using the triadic method.

Once the constructs were listed, the tick/circle method was used to complete a grid.

The interview finished with a general discussion about children with physical disabilities attending school. This centred on questions about what it might be like for them to be in school; what they might find difficult; how other pupils would react to them. (These questions were worded differently, depending on whether or not there were children with disabilities in the school.)

Variations

1. If the child had not heard any of the terms "Physical Handicap", "Disability" or "Handicap" *or* if s/he had heard the terms but could give no explanation of them, the photographs were shown to the child immediately. Those parts of the interview concerned with encounters with disabled people and causes of disability were put in after the photographs had been seen.
2. If the child did not understand "same" and "different", construct elicitation was not attempted.

3. If only one or two constructs were elicited, no attempt was made to complete a grid.

The photographs

The photographs were copied from a series of books about specific disabilities which were written to give children an understanding of the disability in question. Each photograph showed a child/young person with a disability. The photographs were of both girls and boys, and were of children from a variety of ethnic backgrounds. It was also felt that the photographs were appropriate in that they did not stereotype the children involved, but did give a clear picture of the disability which could then be identified by any child who knew of that disability. Consideration was given at the beginning of the study, by the researcher, to taking and using photographs of pupils in local schools, but this was rejected as being (a) time consuming; (b) possibly leading to difficulties over parental consent for such photographs to be taken and used; (c) limiting the range of disabilities which could be focussed on.

1. *Spina Bifida*

   This showed a boy with spina bifida getting out of a car with the aid of crutches. He was wearing school uniform and appeared to have been brought to school by an adult, who was standing alongside the car to offer help if needed, and was holding the boy's school bag.

2. *Blindness*

   There were two parts to this photograph. One part showed a boy walking

along with the aid of a white stick, which he was using to tap the sides of the path. He was being watched by a young woman. He, too, was wearing school uniform. In the other part of the photograph he was using the stick to make his way along a school corridor.

3. *Diabetes*

   The boy in this photograph was shown giving himself an insulin injection.

4. *Cystic Fibrosis*

   The girl with cystic fibrosis was seen using an electric inhaler to help her breathe.

5. *Epilepsy*

   A boy was shown as he came out of an absence. He was flushed and had his hand to his head.

6. *Deafness*

   A girl was shown wearing hearing aids.

7. *Asthma*

   This two-part photograph showed a boy and girl with different models of inhaler which they were using to help them breathe.

8. *Cerebral Palsy*

   This photograph showed a girl in a wheelchair being pushed along by her parents. Other children from the family were also there. The girl wore spectacles.

9. *Muscular Dystrophy*

   A boy was shown in an electric wheelchair which he was driving himself with the aid of levers.

Summary

This chapter has described the schools which were used for the main study, together with the pupils selected to participate in the study. It has summarised the interview process, including the use of repertory grids. Finally, it has described the photographs used as the elements for the elicitation of constructs.

CHAPTER VII

SYNOPSIS AND DISCUSSION OF FINDINGS FROM INTERVIEWS INCLUDING REPERTORY GRIDS

The findings will be dealt with in three sections, corresponding to the three parts into which the interview was divided: (1) the semi-structured interview; (2) the use of repertory grids; (3) the open-ended discussion.

1. The semi-structured interview

(a) Age

It was clear from the interviews that the pupils in Year 5 had more knowledge about, and understanding of, disability than those in year 2. This was shown in the definitions which they gave of the terms handicap (physical) and disability; in their comments about the causes of disability; in their experiences of disability; and in their recognition of the various types of disability. It was also clear that more pupils in Year 5 had given thought to the difficulties of being disabled and to the feelings of disabled people.

(i) Definitions

Year 2

In School B three pupils did not recognise any of the terms, and a further seven could not define them. A number identified disability and handicap as being the same thing. "Handicapped people are people who are disabled." "Disabled means handicapped as well."

Most of the definitions given of handicap/disability linked the terms with an ability to walk (See Table IX, p140, B1-10). Some of these were descriptive comments, for example "A disabled person is a person in a wheelchair." Other definitions focused on the negative "can't do" aspects - a disabled person is one who cannot walk. This negativity was also a feature of all the other definitions given of these terms - they all indicated what a person could not do (B13-20).

Only one child mentioned the names of disabilities at this point - the terms used being blind and deaf (B12). Two pupils linked being in a wheelchair with some kind of injury (B6, 11), and one talked about old age (B8). Another pupil linked disability with the need to be looked after (B16).

In School C the definitions were also limited. Only ten pupils recognised one or more of the terms and, of these, two could not offer a definition. However, a number of the features shown in the same age group in school B were present, in particular the preponderance of those who defined a disability in terms of something a person cannot do (C4,5,6,8). The only disability named was blindness (C3). In contrast to School B few pupils linked disability with the inability to walk (C4).

TABLE IX - Definitions of handicap/disability given by pupils in Year 2

SCHOOL B	SCHOOL C
1.Person in a wheelchair.	1.Somebody has something wrong with them.
2.Someone who walks with a stick.	2.A person has an arm or a leg missing.
3.Person who cannot walk.	3.People are blind and have a dog that helps them to walk.
4.They can't walk	4.They can't walk. (3 pupils)
5.They sit in wheelchairs.	5.They can't do things.
6.Person in a wheelchair with his legs broken	6.They can't talk
7.In a wheelchair	7.When they all flop down
8.People are old and in wheelchairs	8.They can't see
9.They can't walk properly	
10.People who can't walk	
11.When they have hurt their legs or arms.	
12.People who are blind or deaf.	
13.They can't see	
14.They can't do things	
15.They can't do things properly	
16.People who can't do anything. They need to have someone with them.	
17.People can't write.	
18.When people can't drive properly	
19.They can't speak properly	
20.They can't sit down	

Year 5

As can be seen from the summary in Table X the pupils in Year 5, in both schools, were all able to offer some definition of one or more of the terms. The definitions given were longer and more detailed than most of those given by Year 2 pupils in the schools. In both schools the main focus of the definitions was on lack of mobility, but a number of pupils in School C commented on other types of difficulties which disabled people might have, for example, "they can't see" (C6), "they can't hear" (C6,9,15), "they can't write" (C10), "they can't speak" (C14,15,18). There were no such suggestions from the pupils in school B.

While most of the pupils saw physical handicap/ handicap/disability as the same, some tried to separate out the terms and to see disabled as something different (B3,5,7). However, while a number of the pupils seemed to be searching for different definitions for handicap and disability, the differences were not always very clear.

Links were made by a few pupils between physical and mental disability/ handicap/ learning difficulties. Comments made included the ideas that "there's something wrong with your brain" (B5), "your memory goes a little", "you are mentally disabled"(B10).

Some evidence was shown of more thoughtful definitions, for example, the contrast between abled and disabled (B17). Some pupils also considered the reactions of other people to the disabled with comments such as " People might stare at them" (B10); "They make fun of them" (B10);"They are not like us"

(B12). Thought was also given to the reactions of the disabled themselves as "they might feel sad" (B9,12) and "they feel strange because they're handicapped" (C2). Various needs of disabled pupils were also suggested, for examples, they might need to be helped (B10, C2), to be pushed around (B9), to have someone to play with them (B10), to have someone to be interested in them (B10) or to have someone to care for them (C2). Mention was also made of things disabled people might be unable to do, for example, sports (B1), or walking as well as others (B7) or the more general "you can't do what other people do" (B15). These themes were all developed in the discussions.

Some pupils in this age group also spoke about the causes of disability in the process of defining these. References were made to accidents; to birth defects caused by rubella, to other birth problems, for example, to cells having died, and to illness (in this case, a stroke) (C17). One pupil (C1) identified the difference between handicap and disability as the former having been caused by problems since birth and the latter being the result of an accident.

TABLE X - Definitions of handicap/disability given by pupils in Year 5

SCHOOL B	SCHOOL C
1.PH is when someone has something wrong with them because they had an accident or birth where you don't have a rubella injection and the baby gets handicapped. D could stop them doing sports.	1.PH is something wrong with brain when born; cells might have died therefore handicapped/mental in some way. Sometimes don't move hands normally etc. D is different; could have broken an arm or a leg; not born like that; could have been in an accident.
2.H means they can't walk properly or their hand's bent like X's. They could be in wheelchairs.	2.PH are like children who need help; need someone to care for them because they feel strange because they're H. D is the same.
3.H is like walking in a funny way. D is when you're in a wheelchair.	3.PH if they are in a wheelchair. D is the same.
4.H means they are not able to do everything all by themselves.	4.D means they can't do everything properly. They are in a wheelchair.
5.PH is when someone can't walk and they find it hard to do things. D is if they've got something wrong like in their brain or a lot of other things.	5.PH means they are disabled; they've had an accident; they've got crutches.
6.PH is they can't walk properly or in a funny way or in a wheelchair.	6.PH could be they can't see; can't hear; can't walk. D is the same.
7.PH is someone in a wheelchair. H is when your memory goes a little bit. D is when you've got something wrong and you can't do as many things as others can. You have to be in a wheelchair - you can't walk as well as the others.	7.H means they could have a guide dog and it could help them to find the way. D is the same.
8.H means you can't talk very well - you can't do things	8.H is in a wheelchair.
9.PH are people in wheelchairs. D need help to push them. They feel sad.	9.PH is they can't hear; can't walk. D is the same.
10.H need to be pushed around. Need to be helped. They have to have someone to play with and be interested in them. People sometimes make fun of them. They may stare at them. D is mentally disabled like 10 year olds who talk like five.	10.PH means you can't do some things properly eg walk, write. D means you can speak but have other difficulties eg grandmother is disabled as she has difficulty in walking.
11.H is they can't do something properly like they can't walk. D is the same sort of thing.	11.H is a person who has something wrong with his brain. D has not got a leg or an arm.

SCHOOL B	SCHOOL C
12.PH is people who are not like us. People who have got something wrong with their eyes or their brain. H might not be able to walk. They would be really sad.	12.PH is like in a wheelchair or got a problem. D is the same.
13.H means they can't walk - they need a walking frame or a wheelchair. D is different from H but not sure how.	13.D means they can't walk properly; they sit in a wheelchair so they're disabled.
14.PH is when someone was born and they can't feel their legs or arms and they're in wheelchairs.	14.PH is someone who can't speak properly or who is in a wheelchair. D is deaf.
15.D means you can't do what other people can do - you can't run about and things like that. H not like asthmatic. Can't really walk or nothing. Really disabled.	15.PH means they can't walk; can't talk; can't hear. D could be the same
16.H means their hands are in a funny shape or they can't walk properly or they're in a wheelchair. D is the same.	16.D means they can't walk properly; they are different; they sit in wheelchairs.
17.H means something is wrong with your body; your body is not functioning properly. D - able means you can do something therefore disabled means you can't.	17.PH is a disability. It means that people can't walk properly; may have had a stroke; got no legs; maybe have short arms.
18.H something wrong like spine broken; they can't move all bones properly. D is the same sort of thing.	18.PH is they couldn't speak. D is different because they can't walk.
19.PH means they can't do things very well	19.PH means that they are like in a wheelchair. D means that they can't do things.
20. H means that you can't walk properly	20.PH couldn't walk. D is different as people are in wheelchairs

KEY

H	= Handicapped
D	= Disabled
PH	= Physically Handicapped
X	= A disabled pupil in the school

(ii) Causes

Year 2 explanations

In the Year 2 classes, very few pupils were able to offer an explanation of why people might be disabled. In School B only five pupils were able to make any suggestions about this. All five linked disability with an accident and, of these, one also suggested birth. Suggestions of accidents were cars, falls and railway lines. There was a slightly wider range of suggestions in school C where nine pupils were able to explain something of the causes. Of those who offered an explanation seven mentioned accidents, five suggested birth and three linked disability to illness. Pupils in this class were also able to give more information about the types of accidents, illnesses or birth difficulties which might have led to the difficulties.

Tables 1 and 2 in Appendix B summarise the responses made by the pupils in the Year 2 classes.

Year 5 explanations

In both schools the Year 5 groups showed a considerable increase in knowledge in this area. In School B, 17 pupils were able to offer at least one explanation and nine pupils gave two or more, often in some detail. Those who identified accidents as a cause of disability focused on car crashes, while those who spoke about illness suggested heart attacks or brain tumours. The birth difficulties suggested were rubella, something being inherited from the mother, the mother's failure to have an injection, and eating junk foods or smoking when pregnant. In school C twelve pupils were able to explain the causes, though only five could

identify more than one cause. There was less detailed explanation than for School B, with car crashes and falls being identified as accidents; a stroke being the illness suggested, and the mother's smoking as a way of damaging the baby before birth.

Tables 3 and 4 in Appendix B summarise the responses made by the pupils in Year 5.

(iii) Types of disability

In the year 2 classes, the most commonly recognised disabilities were blindness, deafness and asthma, with few pupils knowing about other disabilities. The average number recognised was three.

There was more knowledge of the names of disabilities by Year 5, most pupils recognising six or seven, though some were still not known too well. The greatest difference was in the numbers of pupils recognising diabetes, epilepsy, fits and spastic. Some names (spina bifida; cystic fibrosis; cerebral palsy; muscular dystrophy) appear to have made little impression on most of the children. This suggests that pupils do not know/have not been told/ are not interested in the names of the disabilities, even when there are disabled children in the school, although one boy, being asked about cerebral palsy did say "there is a young boy in school with this".

The comments which the pupils made about the different disabilities were of interest, in part because they indicated greater knowledge and understanding

among the older pupils, and in part because, in some cases, they identified an experience of disability amongst family or friends. In both schools several of the year 2 pupils indicated that they knew someone with asthma, while year 5 pupils listed contact with people with asthma, diabetes, and epilepsy. None of the pupils, in this context, referred to knowing pupils with mobility problems, although they were present in school B, and pupils in both schools had identified mobility as one of the main ways in which disability should be defined. It is not clear why this was the case, although there are two main possibilities:

1. that disability is "invisible" when it is people whom the child knows who are disabled.
2. that many of the pupils had identified and spoken about mobility difficulties when at an earlier stage in the interview, and that the photographs raised for them the idea that such things as asthma, epilepsy and diabetes were disabilities.

The tables below (XI - XIV) summarise the comments made about the disabilities in the context of naming these disabilities together with the number of pupils in each class identifying the disability. The full tables showing the names of the disabilities recognised by each pupil and the comments made in this context are in Appendix C.

TABLE XI - SCHOOL B YEAR 2 - Comments on Disabilities

Disability	Comments	Number of pupils recognising name
Spina Bifida	This is a kind of illness	0
Blindness	People can't see (7) Your eyes can't see properly	19
Diabetes		3
Cystic Fibrosis		0
Epilepsy	You can fall over	4
Fits		2
Deafness	Can't hear (3) I had an ear test Your ears do not work properly You can't hear very well	16
Asthma	My friend has this (2) My sister has asthma; she uses a pump when it hard to breathe. My brother uses a small inhaler	11
Cerebral Palsy		2
Spastic	It is a rude word This what my brother and sister call me!	3
Muscular Dystrophy		0

TABLE XII - SCHOOL C YEAR 2 - Comments on Disabilities

Disability	Comments	Number of pupils recognising name
Spina Bifida		4
Blindness	You can't see (6) You need a guide dog You need help He gets a stick so he can see where he's walking Stick for feeling; white picks up the light	19
Diabetes		5
Cystic Fibrosis		4
Epilepsy		3
Fits		3
Deafness	You can't hear (2) You need to speak up loud She can't hear very well Need a hearing aid	14
Asthma	It means you can't breathe properly; my cousin has it Described how to use an inhaler Get pains in chest and need help to breathe Someone in class has it; he has medicine; he has one of these (inhalers) to make lung wider so he can breathe Boy in class has it; he needs help to breathe better	14
Cerebral Palsy	I've heard the doctor say this	3
Spastic	People say to people that they are not good and call them names like this. Some people get born like that In a wheelchair	7
Muscular Dystrophy		1

TABLE XIII - SCHOOL B YEAR 5 - Comments on Disabilities

Disability	Comments	Number of pupils recognising name
Spina Bifida		2
Blindness	Sometimes they have dogs	20
Diabetes	You need a drug to make you better My dad has this Dad has a needle to check his blood. He has to take care what he eats; no sugar A diabetic is not allowed sugar; I heard it in the hospital Too much sugar; insulin; saw on the TV News how a dog saved his master's life.	15
Cystic Fibrosis	I saw about this on TV	7
Epilepsy	It makes your brain go funny When you have fits Saw a programme about a woman who had lots of children with epilepsy'	15
Fits	Mentioned in Neighbours and Home and Away. You need special tablets People have fits in the shops; they fall on the floor and wriggle about. Saw on TV about a boy who swallowed his tongue when he had a fit	15
Deafness		19
Asthma	Someone in the class has this My sister has this I know someone who has lots of inhalers as they get this really badly Been in hospital lots of times with this; given an oxygen mask; ha s to have injections so he does not get the flu.	20
Cerebral Palsy	There's a young boy in school with this	5

Disability	Comments	Number of pupils recognising name
Spastic	Used as a cheeky word This affects the hands; they can't write or catch a ball When someone can't walk Used to make fun in school I get stickers from the Spastics Society When you can't read or something Spastic's when you're silly and you talk funny When you're thick; they get on your nerves.	16
Muscular Dystrophy	This affects the legs There were posters at the doctors about this It was on TV; when your muscles don't work Seen about this in a book	7

TABLE XIV - SCHOOL C YEAR 5 - Comments on Disabilities

Disability	Comments	Number of pupils recognising name
Spina Bifida		0
Blindness	Has a stick directing him	20
Diabetes	They can't eat sugary things Too much sugar in the blood My grandmother had this; it can cause more problems; kidney failure; death; have to have laser treatment on the eyes. People can't eat sugar Grandpa has this; it's when you eat a lot of sugar	18
Cystic Fibrosis		2
Epilepsy	Named as fits; you don't know what's happening; my sister had them when she woke up; she now has medicine and gets them only at night Read about it in a book Seen it in Neighbours They faint Means you have fits	11
Fits	Seen in Neighbours Shout in sleep at night; shake	9
Deafness		19
Asthma	Can't breathe properly Difficulty in breathing; friend in class has this Run out of breath easily	20
Cerebral Palsy		2
Spastic	Brainless You speak funnily Can't walk properly Can't talk properly; a bit silly or something	15
Muscular Dystrophy		2

The difference between the responses of the two age groups was anticipated as a likely finding because of the development of children's cognition and of their acquisition of language. While the researcher is aware of the range of theories about the development of children's learning, it appears to be generally accepted that cognitive development is, in some way, maturational and that in general mental ability increases with chronological age up to 14 or 15 in those of average ability and that the development of concepts is also dependent on previous experience (Child, 1986). Part of that development is the acquisition of language which becomes increasingly complex as a child matures and learns (Clark and Clark, 1977). This can be seen in the understanding of language, in the use of vocabulary, the structure of the language and the ability to hold conversations (Harris, 1990). These features all appear to be reflected in the comments summarised above in that the pupils in the year 5 classes tended to have more knowledge of disability than those in the younger age range, to be able to use a wider range of vocabulary, to give more information and to hold longer conversations.

A further aspect of this development is in the area of social cognition, in features such as people's understanding of each other, their judgements, and their understanding of social events. Again, many of the year 5 pupils were beginning to show signs of acquiring this understanding.

As well as the specific cognitive and linguistic issues listed above, there are other features such as the child's response to the listener, and the development of

prejudice, which also appear to bear some relation to age. These will be considered further in the discussion below on the open-ended part of the interview as they were reflected more at that stage.

(b) Gender

In school B year 2, of those who recognised the terms 'handicap' and 'disability', ten were boys and eight were girls. Two girls were unable to define words, although they recognised them. Six boys fell into this category. Two boys did not recognise the terms. In school C, in the same year group, six boys and six girls recognised the terms and, of these, two boys and all the girls were able to offer some definition. Of those who did not recognise the terms at all, four were girls and four were boys. In both schools, boys identified more photographs than girls, while the girls were more able to enter into discussion about disability. However, the numbers involved were not significantly different.

In both schools each year 5 pupil was able to recognise and define the terms and all were able to discuss a range of issues of disability and possible difficulties of school attendance. In school B more girls than boys were able to identify at least one cause of disability, while the number of boys identifying the photographs and the names of disabilities exceeded the girls. In school C a small majority of boys knew the names of disabilities, while more girls gave information from the photographs. The most significant difference here was in the numbers of pupils able to identify the causes of disability.

However, these factors should be considered alongside the numbers of these pupils for whom English was a second language as this seems to the researcher to be a reason for some of the differences.

The table below (XV) shows the percentages of pupils (by school, age and gender) able to recognise the terms physical handicap and/or handicap and/or disability; the percentages able to identify the causes of disability; the average numbers of photographs identified; the average numbers of names of disabilities recognised; and the percentages of pupils able to engage in discussion about disability and its effects on pupils in schools.

There were no clear differences between the genders in this part of the interview, although it is possible that some of the findings may be explained in previous research, for example, the boys' ability to identify disabilities from photographs might be due to the fact that most of the disabilities portrayed were functional and these types of disability may be of more concern to boys than to girls (Richardson, 1970). Alternatively, they could reflect the findings of Maddick (1988) that girls were less aware of disabilities than boys.

However, the discussions which took place at the end of each interview did highlight some gender differences.

TABLE XV - Breakdown of responses by Gender

	SCHOOL B				SCHOOL C			
	YEAR 2		YEAR 5		YEAR 2		YEAR 5	
	G	B	G	B	G	B	G	B
% recognising Terms PH/H/D	75%	33%	100%	100%	55%	22%	100%	100%
% identifying causes	25%	25%	88%	81%	55%	33%	58%	75%
Average number of photographs identified (Of 9)	6.5	7.5	7.8	8.4	7.9	8.5	7.8	7.5
Average number of names recognised (Of 9)	3	3	7	7.3	4.1	3.6	5.7	6.3
% engaging in discussion	37%	25%	100%	100%	100%	77%	100%	100%

KEY

G = Girls

B = Boys

(c) Ethnicity

There is no clear evidence from the interviews that ethnic background has an effect on pupils' reactions to/knowledge about disability. In the year 2 classes, where there were pupils who did not recognise the terms or could not define them there was a cross section of the ethnic groups involved.

In school B (Year 2) of the two pupils who recognised none of the terms, one was Iranian and the other Asian from the Indian subcontinent. Of those who could not define the terms, two were United Kingdom white, one was Turkish, one was Chinese, and four were Asian of Indian background (two born in India and two born in England). In school C (Year 2) of the eight pupils who had not heard the terms, one was United Kingdom white, one Iranian, one Japanese, one Indonesian, and four Asians of Indian background (one born in India and three in England). The four pupils who had heard the terms but were unable to define them were all Asians (Indian) - three born in England and one in Abudabi. In Year 5 all pupils in both schools were able to recognise and define at least one of the terms, so again there was no difference in the ethnic groups.

There was little evidence that the pupils from different ethnic groups had more or less knowledge about disability, or that they had different attitudes from one another. The types of disability identified, the knowledge of disability and the comments made about disabled people were very similar no matter what the ethnic background. The only significant difference was that a number of pupils of Asian (Indian) origin were able to talk in some detail about diabetes and its

effects and implications. Discussions which the researcher had with medical colleagues following these interviews confirmed that there is a higher incidence of diabetes among the Asian (Indian) population than among other ethnic groups. This would, then, appear to be a matter of experience.

However, while this part of the interview raised no clear differences between ethnic groups, there were some issues raised in the more general discussions which are dealt with below.

It would also appear that having English as a second language had an effect on pupils' ability to deal with the terms in the interview. Thus, there was a significant number of pupils in each group for whom English was a second language, who were not able to deal with the more technical aspects of disability. The was particularly the case for those who had not been in England for very long.

Thus, school B (Year 2), of the eight pupils unable to define the terms, six had English as a second language, and of those who did not recognise the terms, three had English as a second language, two of them having arrived in the country in the previous year. In school C (year 2) while 11 pupils for whom English was a second language were among those who recognised at least one of the terms four were unable to offer any definition or explanation. Of those who had not heard any of the terms seven spoke English as a second language. Two of these were fairly recent arrivals in England and had limited understanding of English.

What is unclear from the interviews, in relation to ethnicity and second language issues, is the balance between the influence of the ethnic background and the

effect of having English as a second language. Clearly, those children who had not lived for long in England would be affected by their developmental stage in the English language. However, some of those who had lived in England for a number of years could have been expected to have more knowledge of the language of disability than was the case. It is possible that, within their families and cultures, it was not usual to discuss issues of disability. However, it is difficult to separate these factors from the findings by Shah (1992) that Asian families in particular are affected by lack of understanding of systems and lack of information about disability as well as language difficulties.

(d) Effect of being in a school with disabled pupils on roll

The presence of pupils with physical disabilities in school B seems to be reflected in a variety of ways:

1. More of the year 2 pupils in this school than in school C were able to recognise and define the terms "disability" and " handicap".

2. The definitions given by pupils in the two schools may also be significant. Thus in school C (year 2), while there was a number of references to people being unable to walk, no one mentioned people in wheelchairs. By contrast, more pupils in school B mentioned inability to walk, and a number referred to being in a wheelchair. This difference may reflect the fact that those in school B were used to seeing people in wheelchairs, while those in school C did not have this experience on a daily basis.

3. Similarly, in the year 5 group in school B, 15 of the pupils mentioned inability to walk - either directly, or as being in a wheelchair. However, in school C, while most mentioned difficulty with walking, there were also references to problems with sight, hearing, and talking. Again, this suggests that, because the disabled pupils at school B were mainly in wheelchairs or on crutches, this image dominated the thinking of the pupils in that school.

4. Evidence from the pupils' comments about the causes of physical disability is less clear. Only five pupils in school B (year 2) were able to identify any causes and, of these, only two could give any detail. However, in the same year in school C (year 2), nine pupils listed at least one cause and all but one of these gave some description. By contrast 16 of the year 5 pupils in school B were able to give this information, often with some detail, while in school C only 12 pupils could discuss causes of disability.

   However, it is difficult to perceive a definite pattern in this because the effect of second language has to be taken into account. It may also reflect a general lack of discussion in schools about disability issues, and a failure to prepare thoroughly for the arrival of children with disabilities.

5. In school C (year 2) more children recognised the names of most of the disabilities discussed, than did those in school B, while the opposite was the case with pupils in year 5. However, shortly before the interviews took place, there had been some discussion of disability in school C

because of the visit of a blind woman with a guide dog. This may have had an effect on the information offered by the pupils in this class.

More evidence about the effects of contact with disabled children was obtained in the discussion.

(i) The invisibility of disability

One aspect of the contrast which is particularly noteworthy is what might be described as the "invisibility of disability". There was a significant difference between the responses from the pupils in years 2 and 5 in the school with disabled children on roll, which would appear to be due to more than the increased knowledge and understanding of the different age groups. A number of pupils in school B year 2 claimed never to have seen disabled children in school, although they mentioned seeing such people in the street and at the shops. Yet there were a number of children in the school in wheelchairs and on crutches who were to be seen around the school, in the playground and in assemblies. It seems unlikely that their peers could have failed to see them. Various possibilities might provide a solution to this. It could be that, although these pupils were seen in school they were not considered to be disabled because they had so much contact with the non-disabled that they were a natural part of school life. In a way, they merged into the background so that other children did not notice their disabilities.

It might, therefore, be that constructs other than those related to disability took priority, for example "He is a school boy"; "He is my friend"; "He plays chess for the school". This suggestion finds support in the comments made about the photographs which they were shown. In a number of cases the children focused

on features of the photographs other than the disability, for example. on the clothes which were being worn, on items being carried and on the place where the photographs were taken. This was a similar finding to that of Swann (1987) who asked a group of pupils to describe a pupil in their class who had multiple disabilities. None of the pupils seemed to consider it important to list any of the physical differences between themselves and the disabled girl.

Studies which have looked at the issue of prejudice (Sears, Peplau. Freedman and Taylor, 1972) may also have a solution to offer here, although it should be noted that such studies have been mainly in the areas of racial or ethnic prejudice. Prejudice may be described as "the evaluation of an individual or group based on a person's membership of a particular group" (Sears et al., 1972, p416.) Such prejudice is usually negative and can lead to discrimination - the acceptance or rejection of a person based on his or her group membership. However, Sears et al. (1972) also cite evidence that attitudes and behaviour can be inconsistent, and that there are examples of occasions on which people behave towards an individual member of a group inconsistently with their attitudes towards the group as a whole.

This invisibility was not a feature of the comments made by the older pupils in the school. For the purpose of this study, there is an important issue about the apparent invisibility and whether it indicates successful integration of disabled pupils as there may be indications about the ways in which integration of the younger pupils could be encouraged.

(e) Children speak from experience

(i) Experience in the family and among friends

Experience outside the school seemed to be a key issue in establishing knowledge and understanding for pupils in all groups. A number of pupils in each class were influenced by experiences of disability in their own families (35 pupils identified one of their family as having some kind of disability), or among friends and neighbours or, occasionally, by their own experience. This showed in several ways, such as in their knowledge of particular types of disability, the causes of disability, the comments they made about the photographs and the discussions about disabled pupils in school.

Examples of comments made about specific disabilities

"My Dad's got diabetes. He can't have tea with sugar. He used to have injections but now he has tablets."

"Diabetes means that you can't eat sugary things".

"My grandmother had diabetes. It can cause other problems. She had to have laser treatment on her eyes. It caused kidney failure and she died."

"My grandpa has diabetes. When you have it, you can't eat a lot of sugar."

"If you have asthma you have to blow into this thing - my cousin has one".

"My friend has asthma and he has difficulty in breathing."

"I know about asthma because someone in my class has it."

"My sister has asthma, and she knows someone who has to have a lot of inhalers because she gets it really badly."

"I've been in hospital lots of times with asthma. They give me an oxygen mask

or a little tube. I have to have injections so I don't get flu."

"Epilepsy is fits - you don't know what's happening. My sister had them when she woke up. Now she has medicine and only has them at night."

The importance of information from and experience within the family is highlighted by the above responses. As Sears et al. (1972) commented "our attitude towards the object may be determined not only by the characteristics of the object itself but by the positivity or negativity of the context in which we are exposed to the stimulus" (p420). Parents play an important part in their children's social learning. This may not necessarily be by direct instruction but by association and imitation. Children observe parents' attitudes and behaviour and pick up cues by their reactions to other people. Thus, the ways in which parents respond to disability in family, friends and neighbours is likely to be of great importance in the formation of their children's attitudes.

(ii) Pupils with wider knowledge

There were some children who stood out as different in their responses to the photographs and in their knowledge about and understanding of disability, as well as in the discussions which took place. Some of these were those mentioned above who had direct contact with disabled family or friends. However, while most of these focused on one particular disability, there were several who had gleaned more general information from a less direct contact with disability. These pupils also appeared to be more aware of disability in that they tended to identify many more occasions on which they had seen disabled people.

Often there was some influence of parental work and discussion about that work or visits to the place of work. Thus, for example, two pupils were the children of doctors and one had a mother who was a nurse; the mothers of two other pupils worked in homes for disabled people, and the mother of another child worked in a school with disabled children on roll. One pupil, who had been in hospital on a number of occasions, had clearly obtained a lot of general information from those visits. In contrast to these, there was one pupil who had a disabled sister, who did not mention her at all during the interview (the information was obtained from the class teacher after the interview and there was no opportunity for the researcher to follow this up).

(f) Influence of the media

A finding which may be of significance in planning programmes of integration was the clear influence on pupils of what they had seen on television, the books which they had read or the advertising which they had seen.

In all classes, a number of pupils identified television programmes which they had seen and from which they had gained some understanding of, and knowledge about, disability. These programmes fell into several categories:

(a) News items - including news bulletins, reports on individuals with disabilities, and reports on the London Marathon.

(b) Documentaries - a wide range of documentaries about disability issues and specific disabilities was highlighted.

(c) Fund-raising - most of the pupils recalled campaigns to raise funds for charities and for disabled people. These particularly focused on Children in Need and Telethon.

(d) Soap Operas - people with disabilities had featured in a number of the popular soap operas such as Home and away, Neighbours and The Bill.

(e) Dramas - a few pupils recalled having seen people with disabilities in other serials and plays.

(f) Other programmes - these included advertising on television and chat shows.

Tables 1-4 in Appendix D summarise the programmes identified by the pupils in each class.

Books were also an important way of getting information to children. A range of both fiction and non-fiction was mentioned by the pupils. Both year 5 classes had recently listened to "*The Pinballs*" as a class reader and this had clearly made a great impact as it was mentioned by many of the pupils in the classes, often in some considerable detail. ("*The Pinballs*" is a novel about a boy who is accidentally run over by his father and who has to learn to cope in a wheelchair.) Pupils were able to indicate that "it was a story about a boy with broken legs". "He was a disabled boy in a wheelchair - because a car ran over his legs". "His Dad reversed the car onto his legs".

Other books of fiction which were recalled included a story about deaf twins and a story about a boy who had been run over and the friendships which he made.

Various non-fiction books were mentioned as sources of information and of interest. These included books about specific disabilities, about wheelchair sports, about rehabilitation centres.

Books had made less of an impact on the pupils in year 2, with no child in school B mentioning a book, and only four in school C doing so.

2. Repertory Grid Analysis

(a) Numbers of grids analysed by school and age

SCHOOL	YEAR	NUMBER
B	2	4
B	5	7
C	2	4
C	5	5

The researcher considered the ways in which repertory grids could be analysed and decided to analyse only those grids where five or more constructs had been elicited. This decision was taken as it was felt that an attempt to analyse a grid with fewer than five constructs would not give a clear picture of the pupil's constructs.

The analysis used a "sums of the differences" approach, i.e. in each case the number of differences between two elements was calculated. In this each pair of elements was taken and a point given where each pair was deemed to be different. A total for each pair was then entered into the analysis grid. The pairs which had the smallest numbers of differences were, therefore, deemed to be the most alike in the child's construct system, while those with the largest numbers of differences were deemed to be unalike.

Example Grid (extract from a full grid, showing the constructs applied to two elements):

Elements

	✓	A	B	0
C	They can't walk	✓	✓	They can walk
O	They are in wheelchairs	✓	✓	They are not in wheelchairs
N	Need an adult with them	✓	0	Do not need an adult
S	They look different	✓	✓	They look normal
T	They need help to breathe	0	0	They do not need help to breathe
R	They can see	✓	✓	They can't see
U	Needs special medicine	0	0	Does not need medicine
C	Born like this	✓	0	Not born like this
T				
S				

The above example, which compared cerebral palsy (A) and muscular dystrophy (B), shows that there were two constructs when the elements were deemed to be different, six when they were seen as the same. The sum of the differences was, therefore, two.

20 pupils had suggested at least five constructs and all these grids were analysed (see below and Appendix E). It was hoped that examining the grids could give a picture of the relationships between the constructs for each participant.

EXAMPLES: 1. SCHOOL B YEAR 2 - PUPIL 1

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	O SINGLE
Needs sticks to move	✓	✓	0	0	0	0	0	0	0	Does not need sticks
Has problems breathing	0	0	0	✓	0	0	✓	0	0	Breathing is fine
Needs a wheelchair	0	0	0	0	0	0	0	✓	✓	No chair needed
Has problems with walking	✓	0	0	0	0	0	0	✓	✓	Able to walk
Has sight difficulties	0	✓	0	0	0	0	0	✓	0	Sees well
Needs help - medicine/ aid	0	0	✓	✓	✓	✓	✓	0	0	No such help needed
They can't write	0	✓	0	0	0	0	0	✓	0	They can write
Need adult to look after them	✓	✓	0	0	0	0	0	✓	0	They manage alone

SCHOOL B YEAR 2 - PUPIL 1 - Sums of Differences

	1	2	3	4	5	6	7	8	9
1		3	4	5	4	4	5	4	3
2			5	6	5	5	6	3	6
3				1	0	0	5	6	3
4					1	1	0	7	4
5						0	1	5	3
6							1	6	3
7								7	4
8									2
9									

Key to elements

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

For this pupil, the elements which were most alike were 3/5, 3/6, 4/7 and 5/6 since each of these pairs was seen as having no differences in terms of the constructs elicited from the pupil.

SCHOOL B YEAR 5 - PUPIL 1

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
PAIR ✓	1	2	3	4	5	6	7	8	9	O SINGLE
Uses sticks to move around	✓	✓	O	O	O	O	O	O	O	Has no need of sticks
Needs injections or special medicine	O	O	✓	✓	✓	O	✓	O	O	No medication is needed
Has to use a wheelchair	O	O	O	O	O	O	O	✓	✓	Does not have a wheelchair
Can't breathe properly	O	O	O	✓	O	O	✓	O	O	Breathing is OK
You might not see that there was something wrong with him/her	O	✓	✓	✓	✓	O	✓	O	O	You'd see that there was something wrong with him/her.

SCHOOL B YEAR 5 - PUPIL 1

	1	2	3	4	5	6	7	8	9
1		1	3	4	3	1	4	2	2
2			2	3	2	2	3	3	3
3				1	0	2	1	3	3
4					1	3	0	4	4
5						2	1	3	3
6							3	1	1
7								4	4
8									0
9									

Key to elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

In this case, the similar elements were 3/5, 4/7, and 8/9.

SCHOOL C YEAR 2 - PUPIL 1

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	O SINGLE
Handicapped	✓	✓	0	0	0	✓	0	✓	✓	Not handicapped
Needs injections	0	0	✓	0	0	0	✓	0	0	No injections
Can hear	✓	✓	✓	✓	✓	0	✓	✓	✓	Can't hear
Need medicines	0	0	✓	✓	✓	0	✓	0	0	Medicines not needed
In wheelchair	0	0	0	0	0	0	0	✓	✓	No wheelchair
Sight problems	0	✓	0	0	0	0	0	✓	0	Can see
Needs inhaler	0	0	0	✓	0	0	✓	0	0	Not needed

SCHOOL C YEAR 2 PUPIL 1

	1	2	3	4	5	6	7	8	9
1		1	3	3	2	1	4	2	1
2			4	4	3	2	5	1	2
3				2	1	4	1	5	4
4					1	4	1	5	4
5						3	2	4	3
6							5	3	2
7								6	4
8									0
9									

Key to elements

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

The similar elements are 8/9

SCHOOL C YEAR 5 PUPIL 1

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
PAIR ✓	1	2	3	4	5	6	7	8	9	0 SINGLE
Something is wrong inside body	✓	0	✓	✓	✓	0	0	0	0	The outside of the body is affected
Need special medicine	0	0	✓	✓	✓	0	✓	0	0	No special medicine is needed
Need a special aid in some way	✓	✓	0	0	0	✓	0	✓	✓	They do not a special aid
Disabled	✓	0	0	0	0	0	0	✓	✓	Not disabled
Breathing problems	0	0	0	✓	0	0	✓	0	0	Breathing is OK
You can see something is wrong	✓	✓	0	0	0	✓	0	✓	✓	You can't tell there is anything wrong with them
They look normal	0	0	✓	✓	✓	0	✓	0	0	They look different

SCHOOL C YEAR 5 PUPIL 1

	1	2	3	4	5	6	7	8	9
1		2	5	6	5	2	7	1	1
2			5	6	5	0	5	1	1
3				1	0	5	2	6	6
4					1	6	1	7	7
5						5	2	6	6
6							5	1	1
7								6	6
8									0
9									

Key to elements

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

The elements highlighted here as being similar are 2/6, 3/5, and 8/9

(b) Comment

The analysis of the 20 grids showed that, for the majority of these pupils, the elements which were most alike were 3/5; 4/7; 8/9. These elements (photographs) were diabetes/epilepsy; cystic fibrosis/asthma; cerebral palsy/muscular dystrophy. The constructs which were elicited helped to show the way in which children look at disability, and generally supported the findings of the other parts of the interview.

Diabetes and epilepsy

When pupils talked about diabetes and epilepsy, a variety of constructs emerged. These covered a range of aspects of the disabilities including the cause, the appearance of the disabled person, the need for help both from other people and for medication. There was also a series of statements which suggested what the people with these disabilities did not need, and these were also important in separating these disabilities from the others in the list of elements.

The causes featured in constructs such as "they were born like this", "they did not have an accident", "something is wrong inside their bodies". This was further developed with ideas such as "they are not poorly" and "it might go away".

Implications of the disability included "they need to take special medicines", "they get bad if they don't have medicines", "they can have a sudden turn" and "they need help from other people".

Linked to the fact that these "hidden disabilities" do not seem to be regarded as disabilities by pupils, some of the pupils suggested constructs such as "they are

not handicapped", "they are not disabled". Appearance seems to have been a feature of this and it was of importance to a number of pupils that "they look normal", " you might not see that there is something wrong with them".

Other constructs were by contrast with the disabilities seen in the other photographs and indicated what the young people with diabetes or epilepsy could do, which people with sensory or mobility difficulties could not do ie they can play (linked to movement), they can hear, they can see, they do not need sticks to get around, they do not have problems with breathing, they do not need a wheel chair, they do not have problems with walking, they do not have visual difficulties, they can write properly, and their muscles work properly.

Cystic fibrosis and asthma

These elements were deemed to be alike particularly because the children pictured had difficulties with breathing and needed to use various forms of inhaler to assist with this. So the comments made were statements that "they have problems with breathing", "they needed to take special medicines", "they have to have something special to help them" (inhalers), and "they need machines to help them".

Causes of these disabilities were highlighted, so that pupils indicated that "they are caused by illness", and "they had not had an accident". As with diabetes and epilepsy, several pupils indicated that "they look normal" and "you would not see that there was something wrong". It was also emphasised that "they are not handicapped", and "they are not disabled".

Many of the constructs were again contrasts with the more obvious disabilities so that there were comments that they could play, they do not need sticks to get around, they do not have problems with walking, they do not need a wheelchair, they do not need people to look after them all the time, their sight is not affected, and they can write well.

Cerebral palsy and muscular dystrophy

The focus of the similarity between these disabilities was the lack of mobility of the young people shown in the photographs, together with their need for adult assistance. Pupils indicated that they needed wheelchairs, had problems with walking, needed someone to look after them.

Causes were discussed and it was indicated that they were born with this, they are handicapped, their muscles do not work properly, they are like this all the time, they look handicapped, they are disabled, and "you can see something is wrong" and "they look different".

Contrasts were again with other disabilities depicted and these children were seen to have no visual problems, not to have problems with breathing, as not needing medicine. There were also positive comments about being able to play in their chairs, being able to write well.

Summary

The researcher stresses the developmental nature of this methodology. She found that the value of the use of personal construct psychology and of repertory grids was that they provided a vehicle for a very focused part of the interview. It was a way in which the researcher was able to be objective in the approach to participants since the questioning had to be bias free.

> We see this approach as being more objective.....because it is more object orientated. It recognises that it is the client who is the primary object of the psychologist's investigation and not the test. (Kelly, 1955, p207)

The use of repertory grids supported the general findings of other parts of the interview in that there was no significant difference between the genders, nor from pupils of different ethnic backgrounds. However there was a difference between the younger and older age groups and, in particular the experience of disability was an important feature in the ability to supply a range of constructs.

The use of scaling the grids themselves gave little further information than had the elicitation of the constructs. In contrast to the pilot study, there were a number of pupils who were unable to provide constructs or to only offer one or two constructs. In addition, a number of others were unable to scale.

The researcher felt that there were a number of questions about the accuracy of the single constructs for building a full picture of each child's construct system. The single constructs were often simply the opposite activity/descriptor of the pair and did not necessarily give information about the child's constructs. It would seem that it might have been better either not to have attempted to scale or to have been more searching with the questions. To some extent the need to be objective may have taken priority over the need to have found out more detail.

Although the children interviewed were apparently able to respond to the triadic method of construct elicitation, the researcher felt that a different method -

possibly the diadic - would have achieved a more detailed response. There is, in the situation of interviewing young children, a temptation to use supplied constructs, but the researcher judged that some method of construct elicitation was more useful because of the issue of meaning of these for the participants.

The need to be objective also affected the questioning in that the majority of the constructs were concrete descriptions ie, they focussed on age, ethnicity, gender, appearance, activities, needs of the disabled person, the causes of disability, and the effects of the disability. There were few instances in which descriptions of the people in the photographs were offered in terms of the type of person they might be. Again the researcher felt that more information might have been gained by more searching questions. The use of photographs as the elements might also be a reason why the constructs were very concrete. Thus, while it is clear that this is a methodology which can be used with young children, the limitations mentioned above suggest the need for further research.

3. Discussion with pupils

At the end of each interview the pupil was given the opportunity to comment on the presence of disabled pupils in schools. The range of comments made was wide, but many of the general features noted from the more structured part of the interview were also present in the discussions - the differences in age, the influence of English as a second language, the experiences of the pupils and the effect of being in a school with disabled pupils. There were, in addition, some signs of gender and ethnic differences which had not been seen in the semi-structured interview.

The themes raised during the discussion fell into the following broad categories:

1. Practical difficulties of being in a mainstream school
2. Difficulties with learning
3. Difficulties with play
4. Attitudes/feelings of the disabled
5. Attitudes/feelings of the non- disabled
6. The merits of being in either special or mainstream schools

Further details of the contents of the discussions are to be found in Appendix F.

(a) Age

The differences between the two age groups noted above were also clear in this part of the interview. The pupils in year 5 were able to enter into much more detailed conversation about disability than those in year 2, in the course of which they showed more knowledge about, and understanding of, issues of disability. Thus in the year 2 classes most of the comments were about the ways in which

disabled pupils play, and the difficulties which they might have in playing. Other comments were centred on the difficulties which they might have in being in school, with a few comments about disabled children's worries about their condition. By contrast, those in year 5, while mentioning the same themes, albeit at greater length, also raised a wider range of issues. There were some differences between the classes in the two schools which will be dealt with below as they appear to the researcher to be linked to experience of disability and contact with people with disabilities.

Aspects of developing social cognition were also apparent, although these may have been affected by prejudice, or by response to the interviewer. As previously mentioned, children develop an understanding of other people and of events, together with an ability to make judgements about them. In the year 2 classes, most of the comments focused on practical difficulties of movement around the school and the playground. A few pupils in this year group extended this to consider the need for someone to help disabled people, and wondered about whether disabled people felt embarrassed, if they would be happy or sad in mainstream schools and whether they should be educated in such schools.

These aspects of social cognition were widely developed among those in the year 5 classes, with a range of discussion focusing on how disabled people might feel when they saw people who were not disabled. In addition many pupils talked about how non-disabled people felt about those with disabilities, and commented on the different ways in which they might act towards them. A feature of the

discussions with many pupils was comment on the placement of disabled pupils in terms of a debate about whether special or mainstream schools would be most appropriate.

It is difficult to separate the development of social cognition from that of prejudice. Prejudices are usually acquired well before adolescence. They are based on the social norms in a person's culture or subculture in that children acquire prejudiced attitudes to gain acceptance by others (Sears, 1988). Parents play an important part in children's acquisition of prejudice and, as children grow older, peer groups become increasingly important. The comments mentioned above about feelings towards people with disabilities and their school placements, may all have been affected by prejudice gained from those (both adults and other children) around them.

A further consideration, for this study, would appear to be the whole debate about the link between attitude and behaviours. To what extent do attitudes influence behaviours? or to what extent can attitudes be inferred from behaviour? The correlation between the two has not always been clear and, indeed, has been the subject of much debate. However, a review of studies in this area (Shuman & Johnson, 1976) concluded that

> Most attitude-behaviour studies yield positive results. The correlations that do occur are large enough to indicate that important causal forces are involved. (p199)

The relationship between the two would seem to the researcher to be of particular importance in looking at ways of integrating pupils with disabilities with their non-disabled peers.

A further aspect to which consideration needs to be given is the extent to which the children were influenced by the interviewer. There is evidence that many children try to please their teachers and other adults by saying what they think those adults want to hear. This appears to arise both from the desire to be right and the desire to be liked (Sears, 1988). In addition, as children grow older they also become more sensitive to what the listener knows (Child, 1986).

(b) Gender

While there were no obvious gender differences apparent in the semi-structured part of the interview, there was some evidence of different attitudes in the more open situation of the discussion. Similar numbers of boys and girls talked about the practical difficulties of children with disabilities being in school (55% of boys; 60% of girls) and the same number (18%) of boys and girls focused on the need for help from either adults or other children. By contrast, one of the main features of the discussion was a consideration of the feelings of the disabled children themselves and the attitudes of others towards them. Here there was a significant difference between the genders with 45% of the girls showing that this had been a subject to which thought had been given, while feelings and attitudes were mentioned by only 28% of the boys. This fits with the findings of Fiedler and Simpson (1987) that girls have more favourable attitudes to disabled people than do boys.

There was a similar difference in the numbers of pupils who felt that children with disabilities should attend special schools, with 30% of boys suggesting that

this should be the case, compared with only 20% of the girls. This finding supports that of Maddick (1988) who found that boys are more likely to favour special schools.

These above findings appear also to link to two aspects of research into gender issues which have shown (1) that males tend to be more aggressive, both verbally and physically (Eagley & Steffen, 1986) and (2) that, while males can be helpful in emergency situations, females are more likely to be helpful in interpersonal relations (Eagley & Crowley, 1986). In addition there is some evidence that girls may be more easily influenced and wanting to conform, than are boys (Becker, 1986).

These findings may also have implications for programmes of integration in that girls seem to be more positive about disability issues than are boys and, as suggested by Leyser et al. (1986) are more likely to be affected by programmes aimed at supporting integration. In addition, according to Fox (1989) such programmes have a longer lasting effect on girls than on boys.

c) Ethnicity

While the contents of the discussions mainly reflected the findings of other parts of the interviews, the issue of ethnicity arose in the discussions about special schools because the majority of those who thought that disabled pupils should be in special schools came from the Indian/Asian background. Of 21 pupils who indicated special schools, 17 were of the Indian/Asian ethnic background ie 81%. (Those from this background were 58% of the pupils interviewed.).

The reasons for this are not clear, but there appear to be three main possibilities:

(1) that children from Indian/Asian background have gathered less information from home about disability issues, due to issues of language and understanding of systems for dealing with people with disabilities (Shah, 1992);

(2) that issues of prejudice discussed above, also affect attitude towards people with disabilities in this culture;

(3) that there is evidence that a significant number of people from ethnic minority groups are educated in special schools and, therefore, this is part of the expectation of children from the Indian/Asian culture.

Reasons for this are unclear, but may have been linked to prejudice. It seems to the researcher that this may be indicative of a lack of discussion about disability in the home or that the experience of Asian families with children with disabilities tended towards their education in special school settings.

(d) Contact with disabled people/experience of disability

There was a significant amount of evidence, similar to the findings of Esposito and Read (1986) and of Gillies and Shackley (1988) that contact with people with disabilities could produce more favourable attitudes in the non-disabled, than having no contact at all. However, there were also a number of comments made by the children which reflected the need for careful handling and planning of the integration process.

It appears to the researcher that the comments made generally reflected the experience of the children in each class. Thus the pupils in school B year 2 did not have disabled children actually in their class so they were not fully aware of the difficulties those children might have in the classroom situation. However, they did see the disabled pupils at playtime and, indeed, had made attempts to play with them and experienced the difficulties that this could cause. As was the case with the definitions of disability given by this group, most of the comments made in the course of the discussions focussed on pupils with mobility difficulties.

This finding is of particular interest in that it provides a contrast with those of Roberts et al. (1991). The pupils in this class had made very positive attempts to involve their disabled peers in play, but had experienced many practical difficulties. Roberts et al., however, suggested that, in many cases, there was a failure to initiate play situations because of perceptions about the cognitive demands of play.

By contrast the comments of those in school C year 2 suggest that, although the children did not have experience of disabled pupils in school, they were able to think about the practical implications of the different disabilities. While those in school B had focused on the issues of mobility, those in school C also mentioned other tasks which such pupils might find difficult, such as eating and dressing, and they also considered those with sensory difficulties. Although limited, their remarks also show that some were beginning to consider the effects of disability

on learning which, according to Gottleib et al. (1978) is an important feature in social acceptance. There was a wide variety of comments about the effects of disability on play. Once again, issues of mobility were the main focus, but there was also thought given to the effects of sensory difficulties.

A few pupils commented on the feelings of the disabled children about their disabilities. These remarks are of particular interest, being made by children in a school without disabled children. It may be that pupils having contact with the disabled would not make such comments as they might not see any signs of embarrassment or unhappiness, whereas those in the school who had no contact with the disabled might be projecting their own concerns onto the disabled.

The remarks made about the possibility of having disabled pupils in school were varied. In many cases the pupils were very positive about having disabled pupils in the school and also suggested that the latter would enjoy being in the school, despite the difficulties. However, as can be seen, there were some who were concerned at the prospect of such pupils being in the school, either because of the reaction which might be engendered or because they might not be very pleasant to have around. It is not clear exactly why these last pupils reacted as they did, but it might be because they had had no experience of disabled people and were apprehensive about the unknown.

The discussions which took place with the pupils in school B - particularly with those in year 5 - reflected the experience of being in school with disabled pupils. They made a range of comments about the contact that they had with these pupils

in school; the special transport which was provided for them; the ways in which they attempted to play with them; their attitude to the disabled pupils (this was mostly positive, although one pupil commented "they get applause just because they're handicapped even if they've done badly; it's sympathy"); the provision of ramps and other mobility aids in the school; contact with the disabled pupils out of school; the difficulties in class with activities like writing.

The pupils in school B year 5 engaged in quite detailed discussions about having disabled pupils in mainstream schools. Many of the comments they made were specific to particular pupils in the school, but others were of a more general nature, although these too seem to have been influenced by their experience as, for example, the comments made about the difficulties of being in school, together with difficulties in learning and playing. While it would be anticipated that pupils of this age would be able to enter into more discussion, the content of the discussions often reflected the contact which these pupils had had with those with disabilities. It was not clear, from the discussions which took place, whether the remarks about the feelings of those with disabilities actually reflect those feelings, and therefore indicate that there had been conversations between disabled and non-disabled about disability, or if these were the non-disabled pupils' own projections of how they thought they might feel if they were disabled.

The remarks reflect a range of attitudes to disability, again suggesting the influence of contact with disabled pupils. The comments made by this group seem to the researcher to be of particular importance for those working to

integrate such pupils into mainstream schools, as they highlight a range of reactions to disability which could be considered in the context of a teaching programme. Most of the pupils in this class suggested that the disabled children would be better off in special schools. The reasons for this appear to be the idea that they would be happier being with people like themselves, with whom they could discuss their disabilities, together with a reflection of the notion that disabled pupils must be sad when they see non-disabled pupils and are not able to do all the things which the non-disabled are able to do. There were also a number of comments about bullying, teasing and making fun of the disabled pupils, which again suggests the need for careful preparation for integrating such pupils.

Such reactions may, to some extent, reflect the statement of Johnson & Johnson (1980) that simply placing disabled and non-disabled pupils in close proximity does not mean that constructive interaction will take place. They also highlight the suggestion of Fox (1989) that many disabled people are socially rejected and isolated. However, the researcher was left with the impression that the suggestions about special school were, in most cases, less to do with actual rejection of disabled peers and more to do with the projected feelings of those pupils.

The discussions which took place with the pupils in school C year 5 were, as anticipated, more detailed than those with the younger pupils in the school. However, they were, in general, more limited than those with pupils of the same

age in school B. They reflect the lack of contact with pupils with disabilities, and the fact that the school building would have been very difficult for pupils with disabilities to gain access. In contrast to the pupils in school B, there were a number of comments about pupils with sensory disabilities and epilepsy, as well as those with mobility problems. This difference reflects that mentioned above. The comments about possible learning difficulties contrast with those made by the pupils in school B and again appear to reflect lack of experience of being educated with disabled pupils. While the pupils in school B concentrated on the physical difficulties of participating in lessons, focusing on difficulties with writing and the need for computers, those in school C commented on pupils with sensory difficulties, and a number put forward the notion that the disabled might also have learning difficulties. The remarks about school placement are of particular interest as more pupils in this class felt that the disabled would be better in mainstream schools, than those in school B. This appears to the researcher to reinforce the need for pupils to have the opportunity to discuss issues of disability with disabled people.

The evidence from the discussions, and from other parts of the interview, is felt by the researcher to suggest that contact with pupils with disabilities may be an important aspect in encouraging the integration of such pupils. It would appear to be the case that people tend to like those who are similar to themselves in attitudes, values, interests, background and personality (Byrne, 1971, 1988). In addition, those who with whom children are at school tend to be more familiar and are often similar in background and interests. There is, therefore, a certain pressure for pupils to like those with whom they are at school (Sears et al., 1988).

Where attitudes are seen to be negative, it is important to ask how these might best be changed. There is evidence that an important aspect of attitude change is that the person who is attempting to change attitudes is seen as credible, trustworthy and is generally liked by the target. (Sears et al., 1988) Attempts to change attitudes have focussed on giving information, on role play, on discussion. All these have shown some measure of success, although the need for reminders has also been highlighted. Research into contact between different groups was originally carried out particularly in relation to different ethnic groups and the issue of school desegregation. "The belief has been that contact would help to break down stereotypes and that proximity and interaction would increase liking" (Sears et al., 1988, p432). The evidence here seems to indicate ways forward for the integration of disabled pupils as school desegregation did not reduce prejudice in all cases, but the type of contact was found to be crucial (Brewer and Miller 1984). The schools had to find ways of moving pupils from prevailing attitudes and discovered that cooperating on classroom assignments was a very positive way in which this could be done. It was important to promote equal status so that pupils appreciated each others' abilities and the contributions of all in the class. In addition, the idea of integration had to be supported by the parents of all the pupils. All these aspects seem to be important in the area of integration of disabled pupils.

Summary

The findings from the three parts of the interview with the pupils produced the same basic information about issues such as knowledge about, and understanding

of, disability. As anticipated, there were clear differences between the pupils in the two age groups, but differences between genders and ethnic backgrounds were made clear only in the more open ended part of the interview. Evidence about the influence of contact with disabled peers was variable, but mainly indicated that pupils developed more knowledge about disability when they had this contact. There were also indications that pupils who gained information from parents working with disabled people had more understanding about disability than other pupils. This finding is seen of particular use by the researcher in looking at ways of encouraging integration. The repertory grids were found to be a useful method for providing an objective focus for pupils' thinking about disability, but the methodology was limited and could have been developed further or used in a different way.

CHAPTER VIII

CONCLUSION

The Aims

1. The summary of legislation

The legislation with regard to special educational needs, together with associated papers showed the context within which the present study took place. It reflected the way in which, despite a range of difficulties, there was a gradual move towards the integration of pupils with physical disabilities, and other special educational needs, into mainstream schools. It also showed how local education authorities attempted to respond to the demand for integration. It highlighted both difficulties (such as the conflict between special needs legislation and general educational legislation) and achievements (such as the growth in the numbers of pupils with disabilities attending mainstream schools and of the services to support those pupils) in this area and set the scene for the researcher's work with pupils with physical disabilities in mainstream schools.

2. Feelings about disability

Feelings about disability of non-disabled, primary aged children were studied and analysed in relation to age, gender, ethnic background and contact with disabled children in school. The older children showed more understanding of, and knowledge about, disability than those in the younger age group, in line with cognitive and linguistic maturation. There was some evidence of gender differences with girls showing more

favourable attitudes than boys to disabled pupils and to their placement in mainstream schools. There was little evidence of differences based on ethnic background, other than the support given by pupils of Indian/Asian background to the idea of disabled pupils being educated in special schools. However, there appeared to be an effect of second language for understanding of terminology and systems. Contact with and experience of physical disability were of importance, both where disabled pupils were in school and where there was disability among families, friends or neighbours, or where members of families were in contact with disabled people through work. The influence of the media, particularly of television, was also noted.

3. *Implications for those involved in integrating disabled pupils into mainstream schools*

See below page 207

The Objectives

1. *To gather information about, and to analyse, the legislative framework for special educational needs. Such a framework would include Acts of Parliament, Government circulars, White papers and consultation documents. These would also be linked to documents giving the responses of local education authorities to the above.*

The legislation affecting pupils with special educational needs, together with associated papers and reports, was summarised (see above Aims 1).

2. *To carry out a literature survey with particular emphasis upon exploring the uses of the terms disability and handicap, of special educational needs, and of integration and mainstreaming.*

A search of the literature was carried out and the terminology of disability, handicap, special educational needs, integration and mainstreaming, and ethnicity was explored in order to clarify both the basis of legislation and the understanding of the terms for those involved in working with people with disabilities, and in the wider population. Among issues considered were the language of disability, and the ways in which people with disabilities preferred to describe themselves. The introduction of the term "special educational needs" in the Warnock report and its use in an attempt to avoid categorisation of pupils was examined. The movement towards integration was considered and the different emphases which have been on types of integration were highlighted. Mention was made of the recent use of the term "inclusion". Finally, definitions of the terms used to describe different ethnic groups were given in line with those used in the researcher's local education authority. Decisions were reached, where appropriate, of the terminology to be used by the researcher.

3. *To extend the literature search to include information about children's attitudes to disability, about preparations for the integration of disabled pupils into mainstream schools, and any attempts which had been made to change attitudes.*

Information about children's attitudes to disability, and attempts to change those attitudes, together with preparations made for the integration of disabled pupils

into mainstream schools, provided a range of information which the researcher was able to use in considering the areas of focus for the interviews.

Difficulties of social integration as opposed to locational integration were considered and reference was made to research which highlighted problems in this area, with pupils with disabilities often being viewed very negatively by their non-disabled peers. Information was included relevant to the age, gender and ethnicity of the pupils, and the possible effects of these on attitude and attitude change.

A range of strategies to bring about attitude change was considered. This included reference to the debate about the importance of contact with disabled people - especially of the effects of their being placed in the same school as non-disabled pupils. It was suggested that such a placement, of itself, did not necessarily lead to positive outcomes in terms of attitude change, since many disabled pupils were rejected by their peers as having poor social skills and, on occasions, being of low academic status.

Types of intervention which have taken place were described. The type of contact in school was deemed to be of particular importance with research suggesting that contact in cooperative learning situations was particularly effective. Structured situations were also seen as being of importance, whereas free play and similar activities could lead to disabled people becoming isolated.

The need to foster positive attitudes was considered and summaries were given of some of the programmes which have been developed to assist with this aspect of integration. The curricular interventions described included meeting disabled people, reading about disability, watching films/videos about disability. experiencing disability through simulations, and participating in discussions.

In addition to these types of programme which were designed to increase pupils' knowledge about and understanding of disability, other research focussed on developing the social skills of pupils with physical disabilities. While such programmes were deemed to be successful, mention was made of the demands which could be placed on teachers trying to deal with such programmes in a mainstream classroom.

4. *To gather information about the portrayal of disabled people in literature and the media.*

Comments made during the pilot study, in particular suggesting the powerful effect of television and books. led to the gathering of information about the portrayal of people with disabilities in literature and the media. Studies showed that high numbers of pupils identified television as their main source of information about disability and emphasised that many children made judgements about disability based on what they had seen or read, since many had no direct experience of disability.

While there have, in recent years. been books, films and television programmes which have given positive views of disabled people, many programmes and

children's books still provide stereotypical views. Some of these depictions were considered, including the emphasis on the need to feel sorry for disabled people, the portrayal of the disabled person as the villain in a story, the overemphasis on achievement, on disability as a source of comedy, and on the perceived link between physical and mental disability. It was shown that all of these aspects feature in books and programmes which are popular reading and viewing for children.

5. *To become familiar with the use of repertory grids for the elicitation of constructs about physical disability and to carry out a pilot study to help with decisions about the best ways in which to elicit elements and constructs from children.*

The researcher became familiar with the use of repertory grids and issues about the need to elicit or to provide elements and constructs were considered, as were some different methods of construct elicitation. Following a pilot study, decisions were made about the use of grids in the main study. Further use suggested that other refinements might have been made and these have been discussed.

6. *To obtain information about the schools attended by physically disabled children and the ethnic backgrounds of pupils in schools in the local education authority concerned, in order to decide on an appropriate sample of schools in which to conduct the research.*

Information was obtained from various departments in the researcher's local

education authority to enable an appropriate selection of schools to be made to fulfil the need for schools with and without pupils with disabilities on roll, and for those with an ethnic mix. These were described.

7. *To construct repertory grids for use with non-disabled children to elicit information about the complexity of constructs held by non-disabled children about physical disability.*

Grids were used to elicit information about constructs of physical disability. The methodology was found to be useful as part of a wider ranging interview, though the scaling of grids gave little further information. As previously mentioned, the use of these in the main study led to the conclusion that an alternative method of construct elicitation, perhaps using diads, and more in-depth questioning about the constructs, could have provided more information about children's feelings about disability.

8. *To summarise and analyse the findings.*

The findings were summarised in three parts based on the three sections of the interviews with pupils - the semi-structured interviews, the repertory grids, and the open-ended discussion.

9. **Implications of the findings**

To consider the findings, and any implications for those involved in attempting to integrate children into mainstream schools.

There is some evidence that having pupils with disability in school leads to more understanding of disability. This, together with the strong evidence of the effects

of experience of disability, suggests that the placement of disabled pupils in mainstream schools is a way of helping towards more positive attitudes. However, difficulties in social relationships which were noted, together with some negative comments about disabled pupils and their placement in mainstream schools, suggests that non-disabled pupils do need help in building relationships with their disabled peers.

Pupils need to be prepared for disabled children joining their classes. If this does not happen, they do not necessarily understand the disability and its effects and so do not always behave appropriately towards a disabled child. While that part of the study which focussed on children in a school with disabled pupils on roll, centred on classes which did not include such pupils, it became clear that no one in the school had spent time discussing disability issues with pupils in those classes. They had gained some information from a range of sources including the disabled pupils themselves, but discussion with teachers on a range of issues could have helped them towards more positive attitudes and relationships.

The impact of television and books suggests that part of a programme about disability would usefully be videos and books giving positive images of disability. Where pupils has seen such images as in the classes which had "the Pinballs" as a class reader, and those who had been watching TV programmes such as "Help" and "Link", there had clearly been a positive impact. It is also important for teachers and others involved in integration programmes to be aware of the negative images which are so often featured and to build up resources which give positive images of disability.

The effects of pupils experiencing disability also indicates that opportunities to meet disabled people would provide a positive image. The range of experience which some pupils had gained from family, friends, parents and schools indicated that such opportunities had had a beneficial effect. Giving pupils the chance to meet disabled people and discuss disability with them would be a valuable part of any programme aimed at facilitating integration. It may also be that contact with people deemed to be of equal status to or higher status than the pupils themselves would be a positive influence, as was suggested by the response to a visit to school C by a blind woman with a guide dog.

The difficulties with pupils for whom English is a second language highlighted the whole issue of the problems which these children and their families have in understanding the terminology of disability and, indeed, of the education system in general. There is some evidence that some of the misconceptions which have been built up about the attitudes of people from ethnic minorities towards disability, are in fact not so much to do with attitudes as to do with a lack of understanding of the language and the systems. This needs to be borne in mind when a local education authority or school is dealing with these children and their parents/carers.

Indications of different gender attitudes with the possibility that girls may have more favourable attitudes to disability than those held by boys, that girls were more supportive of mainstream placements for disabled children than were boys and that girls are more helpful in developing interpersonal relations than boys.

suggest that girls could help in giving a lead towards more positive attitudes to disability, and to participation in an integration programme.

10. Implications for further research

To consider implications for further research.

There would be a use in doing a study of pupils with disabled pupils in their classes to see what they say about knowing disabled people. The present study focussed on pupils who did not have disabled peers in their classes and it would be useful to know if the closer contact of being in the same class would produce different attitudes to those found in the present study. In particular, it would be valuable to know if the younger pupils still maintained a view of the invisibility of disability.

Developing actual programmes to help support the integration of disabled pupils is a necessity for any local education authority, school or teacher hoping to provide positive integration experiences and research needs to be carried out on how best this could be done. The present study has suggested some of the ways in which this could be effected, and strategies need to be used which can provide the positive experiences, without overburdening the class teacher.

Research into the constructs/attitudes of disabled pupils themselves would help to give a more balanced view of integration, for example, to show whether these pupils would prefer to be in mainstream or special schools.

Of particular interest would be research into parental attitudes towards disability and the influence of these on children's attitudes to disability. Again, the results of such research could be used in the development of integration programmes.

A study similar to the present one, but focusing on secondary age pupils would be a useful addition to assist in the integration of pupils of that age group. Since it would be anticipated that there would be changes in understanding and attitudes due to cognitive and social developments, te types of integration support needed for secondary aged pupils might be different from those for primary aged children.

BIBLIOGRAPHY

Adams-Webber, J. (1970) Elicited versus provided constructs in repertory grid technique: a review. *British Journal of Medical Psychology* **43,** 359-354

Applebee, A. N. (1976) The development of children's responses to repertory grids. *British Journal of Social and Clinical psychology* **5,** 101-102

Ashmead, P., O'Hagan, F., Sandys, E., and Swanson, W. (1985) Personal, social and educational adjustments of physically disabled pupils in ordinary school. *The Exceptional Child* **32**, 3, 201-206

Audit Commission/ HM Inspectorate (1992a) *Getting in on the Act. Provision for Pupils with Special Educational Needs.* London: HMSO

Audit Commission/ HM Inspectorate (1992b) *Getting the Act Together: Provision for Pupils with Special Educational Needs.* A *Management Handbook.* London: HMSO

Bailey, J.F. (1988) Physically disabled pupils in mainstream schools, *Children and Society.* **2**, 2, 117-126

Bannister, D. and Mair, J.M.M. (1968) *The Evaluation of Personal Constructs* London: Academic Press

Barton, E.S., Walton, T. and Rowe, D. (1976) Using grid technique with the mentally handicapped in P. Slater (ed.) *Explorations of Interpersonal Space* London: Wiley

Bayliss, P. (1995) Integration and interpersonal relations: interactions between disabled children and their non-disabled peers *British Journal of Special Education* **22**, 3

Bays, J. (1993) Support services: stability or erosion? *British Journal of Special Education* **20,** 3, 105-107

Biklen, D. and Bogdana, R. (1977) Media portrayals of disabled people: a study of stereotypes. *International Children's Book Bulletin* **8,** 6 & 7

Bogdana, R., Bicklen, D., Shapiro, A. and Spelkoman, D. (1982) The disabled: Media's monster. *Social Policy* Fall

Booth, A. (1981) Demystifying integration in W.Swann (ed.) *The Practice of Special Education* Oxford: Blackwell

Booth, A. (1992) Integration, disability and commitment. *European Journal of Special Education.* **6,** 1, 1-16

Booth, A., and Potts, P. (1983) *Creating Integration Policy*. Oxford: Blackwell

Booth, A., Potts, P., and Swann,W. (1987) *Preventing Learning Difficulties.* Oxford: Blackwell

Bowers, T. (ed) (1991) *Schools, Services and SEN Management Issues in the Wake of LMS.* Cambridge: Perspective Press

Brewer, M.B. and Miller, N. (1984) Beyond the contact hypothesis: theoretical perspectives in desegregation. in N. Miller and M.B.Brewer (eds) *Groups in Contact: the Psychology of Desegregation.* New York: Academic Press

Brophy, K. and Hancock, S. (1988) The role of the teacher in facilitating social integration. *Early Child Development and Care* **39,** 102-122

Bruininks, V.L. (1978) Actual and perceived peer status of learning-disabled students in mainstream programs. *Journal of Special Education* **12**, 1, 51-58

Byrne, D. (1971) *The Attraction Paradigm* New York: Academic Press

Byrne, D. and Griffitt, W. (1973) Interpersonal attraction in R.Muster (ed.) *Annual Review of Psychology* **24**, 317-333

Byrne, D., Griffitt, W. and Stefaniek,D.(1967) Attraction and similarity of personality characteristics. *Journal of Personality and Social Psychology* **5**, 82-90

Center, Y. and Ward, J. (1984) Integration of mildly handicapped, cerebral palsied children into regular schools. *The Exceptional Child* **31**, 2, 104-113

Center, Y., Ward, J., Parmenter, T. and Nash, R.(1985) Principals' attitudes towards the integrating of disabled children into regular schools. *The Exceptional Child* **32**, 3, 149-161

Centre for Studies in Integration in Education (1988) *Integration Charter* London: CSIE

Child, D. (1986) *Psychology and the Teacher* (4th Edition) London: Cassell

Clark, H.H. and Clark, E.V. (1977) *Psychology and Language: An Introduction to Psycholinguistics.* New York: Harcourt Brace Jovanovich

Clunies-Ross, L. (1984) Special needs in ordinary classrooms. *Special Education: Forward Trends* **11**, 11-14

Copeland, I., Ayles, R., Mason, H. and Postlethwaite, K. (1993) LEA support for SEN pupils: two years on from the SENNAC survey. *Support for Learning* **8**, 2, 43-50

Council of the European Commission (1987) *A programme of positive action at Community level concerning the integration of children and young people with disabilities into the normal education system.* Brussels: COM (87) 94

Council of the EU (1990) *Resolution of the Council concerning the integration of children and young people with disabilities into ordinary systems of education.* OJ No.162/2

Department of Education and Science (DES) (1978) *Special Educational Needs* (The Warnock Report) London: HMSO

DES (1981) *Education Act* London: HMSO

DES (1988) *The Education Reform Act* London: HMSO

DES (1989a) Education Reform Act 1988*: Temporary Exceptions from the National Curriculum.* Circular 15/89. London: HMSO

DES (1989b) *Assessments and Statements of Special Educational Need: Procedures within the Education, Health and Social Services* Circular 22/89 London: HMSO

DES (1992) *Parents' Charter: Children with Special Needs*. London: DES

Department for Education (1992a) *Special Educational Needs: Access to the System*. Consultation Paper. London: DfE

Department for Education (1992b) *Choice and Diversity. A New Framework for Schools.* London: HMSO

Department for Education (1994) *The Code of Practice on the Identification of Special Educational Needs* (1994) London: DfE

Diamond, C. (1995) How to get the best from your flexible friend: a review of the working relationships between schools and special education support services. *Support for Learning*. **10,** 2

Donaldson, J. (1980) Changing attitudes toward handicapped persons: a review and analysis of research. *Exceptional Children* **46**, 7, 504-514

Driedger, D. (1984) *The Last Civil Rights Movement*. London: Hurst

Dyson, A. (1994) Towards a collaborative learning model for responding to student diversity. *Support for Learning*. **9**, 2

Eagley, A.H. and Crowley, M. (1986) Gender and helping behaviour: a meta-analytic review of the socio-psychological literature. *Psychological Bulletin* **100**, 3, 283-308

Eagley, A.H. and Steffen, V.J. (1986) Gender and aggressive behaviour: a meta-analytic review of the socio-psychological literature. *Psychological Bulletin* **100**, 3, 309-330

Edwards, A. (1988) A child of four could tell you: a study of identity in the in the nursery school using situations grids. in F. Fransella and L. Thomas *Experimenting with Personal Construct Psychology.* London: Routledge and Kegan Paul

Eichinger, J. (1990) Goal structure effects on social interaction between nondisabled and disabled elementary students. *Exceptional Children* **56**, 5, 408-416

Esposito, B.G. and Reed, T.M.II (1986)The effect of contact with handicapped persons on young children's attitudes. *Exceptional Children* **53**, 3, 224-229

Evans, J. and Lunt, I. (1990) *Local Management of Schools and Special Educational Needs.* London: Institute of Education

Evans J. and Lunt, I. (1992) *Developments in Special Education under LMS.* London: Institute of Education

Evans, C., Docking, J. and Evans, R. (1996) Improving support for children with special needs. *Support for Learning*. **11**, 3

Fenton, M. (1992) *Working Together Towards Independence*. London: RADAR

Fiedler, C.R. and Simpson, R.L. (1987) Modifying the attitudes of nonhandicapped high school students toward handicapped peers. *Exceptional Children* **53**, 4, 342-349

Fish, J. (1987) Disability and Social Policy: An International Perspective. *Children and Society* **2,** 114-122

Flockton, S.E.M. (1989) To what extent are physically handicapped children socially integrated into mainstream schools? (Ad.Dip.SEN Thesis: Cambridge Institute of Education; unpublished)

Fox, C.L. (1989) Peer acceptance of learning disabled children in the regular classroom. *Exceptional Children* **56**, 1, 50-59

Fransella, F. and Bannister, D. (1977) *A Manual for Repertory Grid Technique.* London: Academic Press

Garner, P. (1995) Sense or nonsense? Dilemmas in the SEN Code of Practice. *Support for Learning*. **10,** 1

Gibb, C.McD.D. and Flavahan, R.P. (1987) What distinguishes integrated and segregated physically disabled pupils? *Educational Research* **29,**1,3-11

Gilbert and Hart (1990) *Towards Integration.* London: Kogan Page

Gillborn, D. (1990). Race, *Ethnicity and Education.* London: Unwin Hyman

Gillies, P. and Shackley, T. (1988) Adolescents' views of their physically handicapped peers - a comparative study. *Educational Research* **30**, 2, 104-109

Gipps, C., Gross, H. and Goldstein, H. (1987) *Warnock's Eighteen Per Cent. Children with Special Needs in Primary Schools.* Lewes: Falmer Press

Goacher, B., Evans, J., Welton, J. and Weddell, K. (1988) *Policy and Provision for Special Educational Needs: Implementing the 1981 Education Act.* London: Cassell

Gottleib, J., Semmel, S.I. and Veldman, D.J. (1978) Correlates of social status among mainstreamed mentally retarded children. *Journal of Educational Psychology.* **70**, 3, 396-405

Gresham, F.M. (1982) Misguided mainstreaming: the case for social skills training with handicapped children. *Exceptional Children* **48,** 422-433

Gresham, F.M. and Reschly, D.J. (1986) Social skills deficits and low peer acceptance of mainstreamed learning disabled children. *Learning Disability Quarterly.* **9,** 23-32

Gross, J. (1996) The weight of the evidence: parental advocacy and resource allocation to children with statements of special educational need. *Support for Learning.* **11,** 1

Halliday, P. (1989) *Children with Physical Difficulties.* London: Cassell

Harris, J. (1990) *Early Language Development.* London: Routledge

Hegarty, S. and Pocklington, K. with Lucas, D. (1982) *Integration in Action: Case Studies in the Integration of Pupils with Special Needs.* Windsor: NFER-Nelson

HMI (1989) *Survey of Support Services for Special Educational Needs.* London: DES

HMI (1990) *The annual report of the chief inspector for schools 1988-89* London: HMSO

Hoben, M. (1980) Toward integration in the mainstream. *Exceptional Children.* **47,** 2, 100-105

Hollinger, J.D. (1987) Social skills for behaviorally disordered children in preparation for mainstreaming: theory, practice and new directions. *Remedial and Special education.* **8**, 4, 17-25

House of Commons (HOC) (1987) *Special Educational Needs: Implementation of the Education Act 1981* Third Report from the Education Science and Arts Committee, Session 1986-7. London: HMSO

Howarth, S.B. (1987) *Effective Integration: Physically Handicapped Children in the Primary School.* Windsor: NFER-Nelson

Huang, X., Shi, K. and Wang, X. (1984) A psychological stud of interpersonal relations in college classes;

Hulley, B., Hulley, T., Parsons, G. and Madden,S.(1987) Samantha in T.Booth and W.Swann (eds) *Including Pupils with Disabilities*. Milton Keynes: Open University Press

Hundert, J. and Houghton, A. (1992) Promoting social interaction of children with disabilities in integrated preschools. *Exceptional Children* **58,** 3. 311-320

Inner London Education Authority (1985) *Educational Opportunity for all?* (The Fish Report). London:ILEA

Jacklin, A. and Lacey, J. (1993) The integration process: a developmental model. *Support for Learning*. **8**, 2, 51-57

Johnson, D.W. and Johnson, R.T. (1980) Integrating handicapped students into the mainstream. *Exceptional Children* **47,** 2, 90-98

Johnson, D.W. and Johnson, R.T. (1981) Building friendships between handicapped and nonhandicapped students: effects of cooperative and individualistic instruction. *American Journal of Educational Research*. **18**, 4, 415-423

Johnson, D.W. and Johnson, R.T. (1983) Effects of cooperative, competitive and individualistic learning experiences on social development. *Exceptional Children.* **49,** 4, 323-329

Johnson, D.W. and Johnson, R.T. (1986) Mainstreaming and cooperative learning strategies. *Exceptional Children.* **52,** 6, 555-561

Jones, T.W., Jones, J.K., Sowell, V.M. and Butler, L.G. (1981) Changing children's perceptions of handicapped people. *Exceptional Children* **47,** 5, 365-368

Kelly, G.A. (1955) *The Psychology of Personal Constructs.* New York: Norton

Kelly, G.A. (1963) Autobiography of a theory in B.Maher (ed) *Clinical Psychology and Personality.* New York: Wiley

Lee, T. (1992) Local management of schools and special education in T.Booth, W.Swann., M.Masterton and P.Potts (eds.) *Policies for Diversity in Education* London: Routledge

Leyser, Y., Cumblad, C. and Strickman, D.(1986) Direct intervention to modify attitudes toward the handicapped by community volunteers: the learning about handicaps program. *Educational Review.* **38**, 3, 229-236

Likert, R. (1932) A technique for the measurement of attitudes. *Archives of Psychology* **140,** 44.53

Lindsay, G. and Deforges, M. (1986) Integrated nurseries for children with special educational needs, *British Journal of Special Education*, **13**, 2, 63-6

Lott, A.J. and Lott, B.E. (1974) The role of reward in the formation of positive interpersonal attitudes in T.Huston (ed.) *Foundations of Interpersonal Attraction.* New York: Academic Press

Lunt, I. and Evans, J. (1991) *Special Educational Needs under LMS.* London: Institute of Education

Maddick, J. (1988) Children's Construing of Physical Disability in F. Fransella and L.Thomas *Experimenting with Personal Construct Psychology* London: Routledge

Male, D. (1994) Time taken to complete assessments and make statements: does the nature of SEN matter and will the new legislation make a difference? *British Journal of Special Education* **21,** 4

Markee, A. (1987) Touch, movement and learning: the role of physiotherapy in the education of children with disabilities in T.Booth and W.Swann *Including people with Disabilities.* Milton Keynes: Open University Press

Mittler, P. (1991) Prospects and pitfalls for pupils with SEN. *Head Teachers Review.* **Spring,** 1-2

Moore, J., Carpenter, B. and Lewis, A. (1987) He can do it really: integration in a first school. *Education 3-13.* **15,** 2, 37-43

National Curriculum Council (1989a) *A Curriculum for All.* York : NCC

National Curriculum Council (1989b) *Implementing the National Curriculum: Participation by Pupils with Special Educational Needs.* Circular No.5 York: NCC

National Curriculum Council (1993) *Special Needs and the National curriculum: opportunity and Challenge* (NCC 1993)

Nelson, C.M. (1988) Social skills training for handicapped students. *Teaching Exceptional Children.* **20**, 4, 19-23

Nicholson, S. (1991) What about Special Schools? *Head Teachers Review.* **Spring,** 12-15

Norwich, B. (1990) *Reappraising Special Needs Education.* London: Cassell

Norwich, B. (1994) *Segregation and Inclusion: English LEA Statistics 1988-92* Bristol: CSIE

Norwich, B. (1994) The relationship between attitudes to the integration of children with special educational needs and wider socio-political views: a US- English comparison. *European Journal of Special Needs Education.* **9**, 1, 91-106

Odom, S.L., McConnell, S.R. and Chandler, L.K. (1993) Acceptability and feasibility of classroom based social interaction interventions for young children with disabilities. *Exceptional Children.* **60,** 3, 226-236

Parish, T.S., Baker, S.K., Arheart, K.L. and Adamchak, P.G.(1980) Normal and exceptional children's attitudes towards themselves and one another. *Journal of Psychology.* **104**, 2, 249-253

Peiper, E. (1974) Preparing children for a handicapped classmate. *The Instructor.* **84,** 128-129

Peter, M. (1992) A curriculum for All. A hard task for some. in T.Booth. W.Swann, M.Masterton and P.Potts (eds.) *Policies for Diversity in Education* London: Routledge

Pettenuzzo, B. (1988) Series:I have asthma
I am blind
I have cerebral Palsy
I have cystic fibrosis
I am deaf
I have diabetes
I have epilepsy
I have muscular dystrophy
I have spina bifida London: Franklin Watts

Pointon, A. (1995) How it is on film and television in R.Rieser (ed) *Report of the joint conference on children, images and disability.* London: Save the Children and the Integration alliance

Pope, M.L. and Keen, T.R. (1981) *Personal Construct Psychology and Education.* London: Academic Press

Public Law 94 -142 (1975) 94th Congress. *Education for all handicapped Children Act*

Ralph, S. (1989) Images of disability as portrayed through print media. *Educare.* **33**

Rapier, J., Anelson, R., Carey, R. and Croke, K. (1972) Children's changes in attitudes towards the physically handicapped. *Exceptional Children.* **39,** 3, 219-223

Ravenette, A.T. (1975) Grid Techniques for Children. *Journal of Child Psychology and Psychiatry* **16,** 79-83

Ray, M. (1985) Measuring the social position of the mainstreamed handicapped child. *Exceptional Children.* **52,** 1, 57-62

Rayner, S. (1994) Restructuring reform: choice and change in special education. *British Journal of Special Education* **21,** 4

Richardson, S.A. (1970) Age and sex differences in attitudes towards physical handicap. *Journal of Health and Social Behaviour* **2,** 3, 207-214

Richardson, S.A. (1971) Children's values and friendships: a study of physical disability. *Journal of Health and Social Behaviour.* **12,** 3, 253-258

Richardson, S.A. (1976) Attitudes and Behaviour towards the physically handicapped. *Birth Defects.* **12,** 15-34

Riddell, S., Brown, S. and Duffield, J. (1991) Parental power and SEN: the case of specific learning difficulties. *British Educational Research Journal.* **20,** 327-44

Rieser, R. (ed) (1995) *Report of the Joint Conference on Children, Images and Disability.* London: Save the Children and the Integration Alliance

Rieser, R. and Mason, M. (1990) *Disability Equality in Education* London: ILEA

Riester, A.E. and Bessette, K.M.(1986) Preparing the peer group for mainstreaming exceptional children. *The Pointer.* **131,** 1, 12-20

Roberts, C., Pratt, C. and Leach, D. (1991) Classroom and playground interaction of students with and without disabilities. *Exceptional Children.* **57,** 3, 212-224

Russell, P. (1992) Foreword in R.Shah (1992) *The Silent Minority.* London: National Children's Bureau

Russell, P. (1994) The Code of Practice: new partnerships for children with special educational needs. *British Journal of Special Education* **21**, 2, 48-52

Salmon, P. (1969) Differential conforming of the developmental process. *British Journal of Social and Clinical Psychology.* **8,** 22-31

Sandow, S. and Stafford, P. (1987) *An agreed understanding: Parent-professional communication and the 1981 Education Act.* Windsor: NFER-Nelson

Schuman, H. and Johnson, M.P. (1976) Attitudes and behaviour. *Annual Review of Sociology* **2**, 161-207

Sears, D.O., Peplau, A., Freedman, J.L. and Taylor, S.E. (1988) *Social Psychology.* London: Prentice-Hall International

Shah, R. (1992) *The Silent Minority*. London: National Children's Bureau

Snowdon Working Party (1976) *Integrating the Disabled* London: National Fund for Research into Crippling Diseases

Special Educational Needs Policy Option Group (eds) (1993/4) *Policy Options for Special Educational Needs in the 1990s.* NASEN

Stainback, W., Stainback, S., Hatcher, S., Strathe, M. and Healy, H. (1984) Teaching nonhandicapped students about individual differences: a pilot study. *Behavioral Disorders.* **9,** 196-206

Stainback, W., Stainback, S., Courtnage, L. and Jaban, T. (1995) Facilitating mainstreaming by modifying the mainstream. *Exceptional Children.* **52**, 2, 144-152

Staub, D. and Hunt, P. (1993) The effects of social interaction training on high school peer tutors of schoolmates with severe disabilities. E*xceptional Children.* **60,** 1, 41-57

Strain, P.S. and Odom, S.L. (1986) Peer social initiations: effective intervention for social skills development of exceptional children. E*xceptional Children.* **52,** 6, 543-551

Suedfeld, P. (1971) *Attitude Change: the Competing Views.* Chicago: Aldine-Atherton

Swann, W. (1987) Being with Sam, in T.Booth and W.Swann (eds) *Including pupils with Disabilities* Milton Keynes: Open University Press

Swann, W. (1989) *Integration Statistics - LEAs Reveal Local Variations.* London: CSIE

Swann, W. (1992) *Segregation Statistics. English LEAs. Variations between LEAs in levels of Segregation in Special Schools, 1982-1990.* London: CSIE

Taylor, R.G. (1984) Schoolchildren's attitudes to disability. *Health Education Journal.* **43,** 1, 10-12

Thomas, G. (1992) *Effective classroom teamwork: support or intrusion?* London: Routledge

Tingle, M. (1990) *The Motor Impaired Child.* Windsor: NFER-Nelson

UNESCO (1994) *The Salamanca Statement and Framework for Action on Special Needs Education.* Paris: UNESCO

University of Bath, School of Education (1989) *Personal Constructs* Bath: For the Council for Educational Technology and the School's Council

Uppal, J. (1991) from Carelink in Shah, R. (1992) *The Silent Minority.* London: National Children's Bureau

Vincent, C., Evans, J., Lunt, I. and Young, P. (1995) Policy and Practice: the changing nature of special educational provision in school. *British Journal of Special Education.* **22**, 4-11

Voeltz, L. (1980) Children's attitudes towards handicapped peers. *American Journal of mental Deficiency.* **84**, 455-464

Ward, J. and Center, Y. (1987) Attitudes to the integration of disabled children into regular classes: a factor analysis of functional characteristics. *British Journal of educational Psychology.* **57**, 221-224

Welding, J. (1996) In-class support: a successful way of meeting individual student need? *Support for Learning.* **11**, 3

Wertheimer, A. (1988) Press reporting of people with Learning Difficulties. in Rieser, R. and Mason, M. (1990) *Disability Equality in Education.* London: ILEA

Westervelt, V.D. and Turnbull, A.P.(1980) Children's attitudes towards physically handicapped peers and interventions approaches for attitude change. *Physical Therapy.* **60**, 7, 896-901

Wetstein-Kroft, S.B. and Vargo, J.W. (1984) Children's attitudes towards disability: a review of the literature. *International Journal for the advancement of Counselling.* **7**, 181-195

Wetzel, C.G., Scwartz, D. and Vasu, E.S. (1979) Roommate compatibility: is there an ideal relationship? *Journal of applied Social Psychology.* **9**, 5, 432-455

Yukar, H.E., Block, J.R. and Young, J.H. (1970) *The Measurement of Attitude Towards Disabled Persons.* New York: Human Resources Center

LIST OF APPENDICES

APPENDIX A
INTERVIEW SCHEDULE

1. The Child

School: B/C

Name:

Age:

Gender: M/F

Ethnic Origin:

ESL? Y/N

Language:

---

2. Knowledge of terms

Knows term "physical disability": Y/N

How was this indicated?

Knows "handicapped" and/or "disabled": Y/N

How was this indicated?

---

3. Experience of disability

What mention is made of encounter with disability?

Family

Friends

Neighbour

School

Other

---

4. Cause of disability

Is any mention made of the cause of disability?

Birth

Accident

Illness

Other

_____

5. Term heard

Apart from actual experience of people with disabilities where has the child heard the term used?

At home

In school

On TV

In a book

Other

_____

6. Interpretation of Photographs (Detail the child's comments)

1.

2.

3.

4.

5.

6.

7.

8.

9.

---

7. Names of disabilities heard (with comments)

Spina bifida

Blindness

Diabetes

Cystic fibrosis

Epilepsy (fits)

Deafness

Asthma

Cerebral Palsy (spastic)

Muscular Dystrophy

---

8. Triadic Comparisons

Consider these groups of photographs of disabled children. In what ways are 2 alike and the other different from them.

123

456

789

147

258

369

159

267

348

---

9. Repertory Grid

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	MD	
✓ PAIR	1	2	3	4	5	6	7	8		O SINGLE

10. Discussion

Lead into discussion about disabled pupils in schools

Experiences for those in school with disabled pupils on roll

Difficulties for disabled pupils ion school

Reactions to such pupils

Mainstream or special placements

APPENDIX B

TABLES to show recognition of and comments on the causes of disability

TABLE 1 SCHOOL B YEAR 2

CAUSE	DETAIL
Accident	On an electric line; Run over by a car
Accident	
Accident	
Accident	
Birth Accident	You could fall out of a window

TABLE 2 SCHOOL C YEAR 2

CAUSE	DETAIL
Accident	Falling over; car crash; fallen downstairs; out of a tree
Birth Other	Because they were not born properly: something wrong with their body. People who just start happening like that
Birth Accident	 Fall over
Accident Illness	Fall and twist leg
Illness	
Birth Accident Illness	Some could be born like it (pointed to relevant photographs 1,3,6,8,9) Fallen over or off something high Something happened and they have to be given things to breathe through
Birth Accident	Mother sick when having a baby In the car
Birth	When mother is ill; something the matter inside; child born could be like that.
Accident	Had a car accident and can't walk

TABLE 3 SCHOOL B YEAR 5

CAUSE	DETAIL
Birth	Because Mum didn't have an injection
Birth Accident	Could have been run over by a car
Birth Accident	
Birth Accident	Some are born like it In a crash or something
Birth Accident	Might be born disabled A car might run over them
Birth Accident Illness	
Birth Accident	Rubella
Birth Accident Illness	Also mentally handicapped Most people - Caused by crashes, falls Illness eg Brain tumours
Birth	
Birth Accident	Car accident
Accident	
Illness	Heart attack or something like that
Birth	You can be born like that but I don't know how
Birth Accident	
Other	Something gone wrong with them
Birth	They could be born like that - something could be passed from the mother
Birth	Mother's fault. Born like this because she ate junk food. Things that can be passed on to the children - through food/drink/smoking. Aids.

TABLE 4 SCHOOL C YEAR 5

CAUSE	DETAIL
Birth Accident	
Birth Accident	
Birth Accident	
Accident	
Birth	Might have a problem at birth and can't do things
Birth	Mum pregnant; might be smoking at it can damage the baby.
Illness	Disease
Accident	eg car crash; fallen downstairs; out of a tree.
Birth	
Accident Illness	Car crash Stroke
Accident	
Birth Accident	Before they were born

APPENDIX C

TABLES to show the range of disabilities recognised

TABLE 1 - SCHOOL B - YEAR 2 - The Names of Disabilities

Disabilities Recognised	Comments Made
Blindness Epilepsy Deafness	You can fall over
Blindness Deafness Asthma	Can't see Can't hear
Blindness Epilepsy Deafness Asthma	
Blindness Deafness Asthma	can't see she had an ear test friend has this
Blindness Diabetes Deafness	People can't see
Blindness Deafness Asthma	Her sister has asthma; she uses a pump when it is hard to breathe.
Blindness Deafness Spastic	Can't see Can't hear Rude word
Blindness Diabetes Deafness	
Fits Cerebral Palsy	
Blindness Deafness Asthma Spastic	What his brother and sister call him!
Blindness Deafness	
Blindness Deafness Asthma	Eyes can't see properly Ears not working properly

Disabilities Recognised	Comments Made
Blindness Deafness	Can't see Can't hear
Blindness Fits Deafness Asthma	Can't see
Spina Bifida Blindness Diabetes Epilepsy Deafness Asthma Cerebral Palsy	A kind of illness Has a friend with asthma
Blindness	
Blindness Epilepsy Deafness Asthma	
Blindness Deafness Asthma	
Blindness Deafness Asthma Spastic	Can't see Can't hear very well Brother uses a small inhaler
One child claimed to know all the names	These suggested that they were not understood

TABLE 2 - SCHOOL C - Y2 - Names of Disabilities

Disabilities Recognised	Comments made
Blindness Asthma	
Blindness	(Word heard but not understood)
Blindness Asthma Spastic	Said she knew but then spoke of leg hurting - sometimes granddads have a stick like that. throat hurts people say to people that they're not good - call them names like that.

Disabilities Recognised	Comments made
Spina Bifida Blindness Cystic Fibrosis Deafness Asthma	 Can't breathe properly; cousin has it
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	
Blindness Deafness Asthma Spastic	
Blindness Diabetes Deafness	
Blindness Deafness	Can't see; guide dog Can't hear
Blindness Fits Deafness	Can't see; need help
Blindness Cystic Fibrosis Deafness Cerebral Palsy	 Need to speak up loud
Spina Bifida Blindness Deafness Asthma Spastic	 He can't see; so he gets a stick so he can see where he's walking. She can't hear very well Able to describe use of inhaler - how to take out and change
Blindness Deafness	He can't see She can't hear; hearing aid
Blindness Deafness Asthma Spastic	 Some people get born like that
Blindness Deafness Asthma	

Disabilities Recognised	Comments made
Blindness Diabetes Asthma Cerebral Palsy	
Asthma	Pains in chest; need to breathe
Blindness Deafness Asthma Spastic	Someone in the class has it; he has medicine; has one of these to make lung wider so he can breathe
Spina Bifida Blindness Diabetes Cystic Fibrosis Epilepsy Deafness Asthma Spastic Muscular Dystrophy	In a wheelchair
Spina Bifida Blindness Diabetes Cystic Fibrosis Epilepsy Fits Deafness Asthma Cerebral Palsy	Can't see; stick for feeling; light picks up the white. Means shape behind ear plastered on. (Could not name hearing aid but had heard the expression) Boy in class has it; he needs help to breathe better Has heard the doctor say this
Blindness Asthma	Can't see

TABLE 3 - SCHOOL B YEAR 5 - Names of Disabilities

Disabilities recognised	Comments made
Blindness Deafness Asthma	
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	 mentioned in Neighbours/Home and Away used as a cheeky word
Spina Bifida Blindness Diabetes Cystic Fibrosis Epilepsy Deafness Asthma Cerebral Palsy Spastic	 This also affects hands - can't write or catch a ball
Blindness Epilepsy Fits Deafness Asthma Spastic	 It was on Neighbours Someone in the class has it
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	 Aunt and cousin have this When someone can't walk
Blindness Diabetes Epilepsy Fits Deafness Asthma	
Blindness Epilepsy Deafness Asthma	

Disabilities recognised	Comments made
Blindness Diabetes Cystic Fibrosis Epilepsy Fits Deafness Asthma Cerebral Palsy Spastic Muscular Dystrophy	 Drug to make you get better Makes your brain go funny (her hamster has epilepsy) Sister has this - also knows someone who has lots of inhalers as really bad Affects the legs
Blindness Diabetes Cystic Fibrosis Fits Deafness Asthma Spastic	 On TV
Blindness Diabetes Epilepsy Fits Deafness Asthma Cerebral Palsy Spastic Muscular Dystrophy	 Posters at the Doctors about MD
Blindness Diabetes Epilepsy Fits Deafness Asthma Muscular Dystrophy	
Blindness Deafness Asthma Spastic	
Blindness Diabetes Cystic Fibrosis Epilepsy Fits Deafness Asthma Cerebral Palsy Spastic Muscular Dystrophy	 Dad has this Named this himself When you have fits Need special tablets Used to make fun in school Had stickers for the Spastics society Seen on TV - when muscles don't work

Disabilities recognised	Comments made
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic Muscular Dystrophy	 They're born with something wrong with them
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	 Dad's got it - can't have tea with sugar - used to have injections - now has tablets When you can't read or something.
Blindness Diabetes Fits Deafness Asthma Spastic	Sometimes they have dogs Dad has that - needle to check his blood - takes care what he eats - no sugar Something going on inside them
Spina Bifida Blindness Diabetes Cystic Fibrosis Epilepsy Fits Deafness Asthma Spastic	Not heard the name but seen someone bent in the middle A diabetic is not allowed any sugar Heard it in hospital People have fits in the shops - they fall on the floor and wriggle about. Been in hospital lots of times with this - given an oxygen mask or a little tube. He also has an injection to stop him getting the flu.
Spina Bifida Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic Muscular Dystrophy	 Spastic's when you're a bit silly and you talk funny Seen in another book but not read

Disabilities recognised	Comments made
Blindness Diabetes Cystic Fibrosis Epilepsy Fits Deafness Asthma Cerebral Palsy Spastic Muscular Dystrophy	 Too much sugar in insulin - he saw on the TV News how a dog saved its Master's life On TV he saw a film about a woman who had lots of children with epilepsy; also saw about a boy who swallowed his tongue when he had a fit. Young boy in school with this
Blindness Diabetes Cystic Fibrosis Fits Deafness Asthma Spastic	health not good; too much sugar when you're thick; get on your nerves

TABLE 4 SCHOOL C YEAR 5 Names of Disabilities

Disabilities Recognised	Comments made
Blindness Diabetes Cystic Fibrosis Epilepsy Deafness Asthma Spastic Muscular Dystrophy	 Named as fits - you don't know what's happening; sister had them when she woke up; she now has medicine and gets them only at night.
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	 Can't eat sugary things

Disabilities Recognised	Comments made
Blindness Diabetes Epilepsy Deafness Asthma Spastic	
Blindness Diabetes Deafness Asthma Muscular Dystrophy	
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	
Blindness Diabetes Deafness Asthma Spastic	brainless
Blindness Diabetes Fits Deafness Asthma Spastic	
Blindness Diabetes Deafness Asthma	Can't breathe properly
Blindness Diabetes Epilepsy Fits Deafness Asthma Spastic	stick directing him too much sugar in blood (doctor told him) Neighbours
Blindness Diabetes Epilepsy Fits Asthma Spastic	Grandmother had; it can cause more problems; kidney failure; death; have to have laser treatment on eyes. Difficulty in breathing; friend in class has

Disabilities Recognised	Comments made
Blindness Diabetes Cystic Fibrosis Fits Deafness Asthma Cerebral Palsy	
Blindness Diabetes Deafness Asthma Spastic	People can't eat sugar Run out of breath easily
Blindness Deafness Asthma	
Blindness Diabetes Epilepsy Deafness Asthma Cerebral Palsy Spastic	Read in a story book; also in Neighbours You speak funnily
Blindness Diabetes Epilepsy Deafness Asthma Spastic	They faint
Blindness Diabetes Epilepsy Deafness Asthma Spastic	Can't walk properly
Blindness Diabetes Fits Deafness Asthma Spastic	when you eat a lot of sugar (grandpa has) Can't talk properly; a bit silly or something
Blindness Diabetes Epilepsy Deafness Asthma Spastic	means you have fits

Disabilities Recognised	Comments made
Blindness Diabetes Fits Deafness Asthma	shout in sleep at night; shake
Blindness Diabetes Epilepsy Deafness Asthma Spastic	Father has this

APPENDIX D

The CHARTS below show the types and titles of television programmes recalled by the pupils.

TABLE 1 SCHOOL B YEAR 5 Television Programmes

Type of Programme	Details Given
NEWS	News Bulletins London Marathon Reports - the handicapped section - people in chairs or who were helped to run. Item about how a dog saved its master's life when he was in a coma.
DOCUMENTARIES	Panorama - film about a PH girl and bullying School programme - boy getting bullied because he was handicapped "Link" - about disabled people "Going Live" Programme about handicapped people working Programme about disabled children in schools Programme about a woman who had a lot of children with epilepsy Programme about Cystic Fibrosis Programme to show how they need special chairs Programme about Muscular Dystrophy
FUND-RAISING	Thames HELP - Thames Help - showed the need to help people to go out and enjoy themselves Children in Need
SOAP OPERAS	"Specials" "The Bill" "Home and Away" had a girl who was handicapped "Neighbours" had someone who had fits
DRAMAS	"Young Doctors"
OTHER	Hospital Programme Adverts for helping the disabled eg to drive a bus for them. A hospital with handicapped people

TABLE 2 **SCHOOL B YEAR 2** **Television Programmes**

Type of Programme	Details Given
NEWS	In the news
DOCUMENTARIES	Programme about disabled children Programme about handicapped people
FUND RAISING	
DRAMAS	
SOAP OPERAS	In " Neighbours"
OTHER	

TABLE 3 **SCHOOL C YEAR 5** **Television Programmes**

Type of programme	Details Given
NEWS	News programmes
DOCUMENTARIES	Programme about a disabled boy and how he spent his days. Programme about disabled people in a hospital "Link" "Tomorrow's World" about how people act when they are disabled Programme explaining about being handicapped
FUND RAISING	"Children in Need" "Blue Peter" "Telethon" "Help"
SOAP OPERAS	"East Street" "Home and Away"
DRAMAS	Hospital drama "Casualty" Story about a ballerina who had to learn to walk again after an accident
OTHER	

TABLE 4 SCHOOL C YEAR 2 Television Programmes

Type of Programme	Details Given
NEWS	In the news
DOCUMENTARIES	Film - cartoon about a boy and his grandfather who was blind and had a stick like that (pointed to photograph). In "Who ME?" a programme about people who can't walk. Also about someone with a hearing aid Also someone in a wheelchair Programme about a hospital "Help" programme about people in wheelchairs "Link" on handicapped people; Sign language for people who can't talk; People who have legs different lengths because they have had to have bits taken out.
FUND RAISING	Seen about the guide dogs
DRAMAS	
SOAP OPERAS	"Neighbours"
OTHER	Seen wheelchairs, but programmes not known On "Blind Date" - a girl who could not see very well; she had lost an eye.

APPENDIX E

Repertory grids and analysis

SCHOOL B YEAR 2 PUPIL 2

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Has sticks	✓	✓	0	0	0	0	0	0	0	No sticks
Need something to keep well	0	0	✓	✓	✓	0	✓	0	0	No help needed
Has wheelchair	0	0	0	0	0	0	0	✓	✓	No wheelchair
Can't breathe properly	0	0	0	✓	0	0	✓	0	0	Can breathe OK
Some special aid to help them	0	0	0	✓	0	✓	✓	✓	✓	No special aid
Accident or illness	0	0	✓	0	✓	0	✓	0	0	Born like this

SCHOOL B YEAR 2 PUPIL 2

	1	2	3	4	5	6	7	8	9
1		0	3	4	3	2	5	3	3
2			3	4	3	2	5	3	3
3				3	0	3	2	4	4
4					3	2	1	3	3
5						3	2	4	4
6							3	1	1
7								4	4
8									0
9									

Key to elements

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 2 PUPIL 3

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Can't walk	✓	0	0	0	0	0	0	✓	✓	Can walk
Can't breathe properly	0	0	0	✓	0	0	✓	0	0	Breathing is OK
Can see	✓	0	✓	✓	✓	✓	✓	0	✓	Can't see
An injury	0	0	✓	0	0	0	✓	0	0	Born like that
Somebody to look after them	✓	✓	0	0	✓	✓	✓	✓	✓	Coping alone
Illness	0	✓	✓	0	0	0	✓	0	0	Born like that

SCHOOL B YEAR 2 PUPIL 3

	1	2	3	4	5	6	7	8	9
1		3	4	3	1	1	4	1	0
2			3	4	2	2	3	2	3
3				3	2	3	2	5	4
4					2	2	3	4	3
5						0	3	2	1
6							3	2	1
7								5	4
8									1
9									

Key to elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 2 PUPIL 4

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Can't walk	✓	0	0	0	0	0	✓	✓	✓	Can walk
Not handicapped	✓	✓	✓	✓	✓	✓	✓	0	0	Handicapped
Can't breathe well	0	0	0	✓	0	0	✓	0	0	Can breathe OK
Not poorly	✓	✓	✓	✓	✓	✓	✓	0	✓	Poorly
Don't need extra help	✓	0	✓	✓	✓	✓	✓	✓	✓	Adult to look after them
Not an accident	✓	0	✓	✓	✓	✓	✓	0	✓	Accident

SCHOOL B YEAR 2 PUPIL 4

	1	2	3	4	5	6	7	8	9
1		3	1	2	1	1	2	3	1
2			2	3	2	2	3	4	4
3				1	0	0	1	4	2
4					1	1	0	5	3
5						0	1	4	2
6							1	4	2
7								5	3
8									2
9									

Key to elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 2

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
PAIR ✓	1	2	3	4	5	6	7	8	9	SINGLE 0
Can see	✓	0	✓	✓	✓	✓	✓	✓	✓	Can't see
Need a machine to help them	0	0	0	✓	0	0	0	0	✓	Do not need machines
Muscles are not working properly	✓	0	0	0	0	0	0	✓	✓	Muscles are OK
Has special things for breathing	0	0	0	✓	0	0	✓	0	0	They can breathe on their own
Need things to help them to walk	✓	✓	0	0	0	0	0	✓	✓	They can walk alone
Caused by a sudden thing happening to them	0	0	✓	0	✓	0	✓	0	0	They have been like it all the time

SCHOOL B YEAR 5 PUPIL 2

	1	2	3	4	5	6	7	8	9
1		2	4	4	4	3	5	0	1
2			3	4	3	2	4	2	1
3				3	0	1	1	3	4
4					3	2	2	4	3
5						1	1	3	4
6							2	2	3
7								4	5
8									1
9									

Key to elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 3

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
May need injections	✓	0	✓	✓	✓	✓	✓	✓	✓	No injections
Get bad if don't have medicine	0	0	✓	✓	✓	0	✓	0	0	OK without medicine
Need wheelchair	0	0	0	0	0	0	✓	✓	✓	No wheelchair
Need help to breathe	0	0	✓	✓	0	0	✓	0	✓	Breathing is OK
Could hit people by accident	0	✓	0	0	✓	0	0	0	0	Not likely to bump into people

SCHOOL B YEAR 5 PUPIL 3

	1	2	3	4	5	6	7	8	9
1		2	1	2	3	1	3	2	2
2			3	4	1	1	3	2	2
3				1	2	2	2	3	3
4					3	3	1	4	4
5						2	2	3	3
6							2	1	1
7								3	3
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 4

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Can't walk alone	✓	✓	0	0	0	0	0	✓	✓	Walk well
Need medicine so don't get ill	0	0	✓	✓	✓	0	✓	0	0	No medicine needed
Need chairs	0	0	0	0	0	0	0	✓	✓	No chair
Adult help needed	✓	✓	0	0	0	0	0	✓	0	No adult help
Things to help them breathe	0	0	0	✓	0	0	✓	0	0	Breathing is fine

SCHOOL B YEAR 5 PUPIL 4

	1	2	3	4	5	6	7	8	9
1		0	3	4	3	2	4	1	2
2			3	4	3	2	4	1	2
3				1	0	1	1	4	3
4					1	2	0	5	4
5						1	1	4	3
6							2	3	2
7								5	4
8									1
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 5

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Need sticks	✓	✓	0	0	0	0	0	✓	✓	No sticks
Need help	✓	✓	0	0	0	0	0	✓	0	No help needed
Need medicines	0	0	✓	✓	✓	0	✓	0	0	No medicine
Can hear	✓	✓	✓	✓	✓	0	✓	✓	✓	Can't hear
Need help to breathe	0	0	0	✓	0	0	✓	0	0	Breathing is OK

SCHOOL B YEAR 5 PUPIL 5

	1	2	3	4	5	6	7	8	9
1		0	3	4	3	3	4	0	1
2			3	4	3	3	4	0	1
3				1	0	2	1	3	2
4					1	3	0	4	3
5						2	1	3	2
6							3	3	2
7								4	2
8									1
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 6

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Need sticks	✓	✓	0	0	0	0	0	0	0	Sticks not needed
Lasts a long time	✓	✓	0	✓	0	✓	✓	0	0	Could go away
Wheelchair needed	0	0	0	0	0	0	0	✓	✓	No wheelchair
Something to help them breathe	0	0	0	✓	0	0	✓	0	0	No help to breathe
Need help like medicine	0	0	✓	✓	✓	✓	✓	0	0	No medicine etc.

SCHOOL B YEAR 5 PUPIL 6

	1	2	3	4	5	6	7	8	9
1		0	3	3	3	3	3	3	3
2			3	3	2	3	3	3	3
3				2	0	1	2	2	2
4					2	1	0	4	4
5						1	2	4	2
6							1	3	3
7								4	4
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL B YEAR 5 PUPIL 7

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Sight is affected	0	✓	✓	0	0	0	0	0	0	Sight is OK
Help needed from machines	0	0	0	✓	0	✓	0	0	✓	No machines
Needs a wheelchair	0	0	0	0	0	0	0	✓	✓	No wheelchairs
Needs help from an adult	✓	✓	0	0	0	0	0	✓	0	Manages alone
Looks disabled	✓	✓	0	0	0	0	0	✓	✓	Looks normal

SCHOOL B YEAR 5 PUPIL 7

	1	2	3	4	5	6	7	8	9
1		1	3	3	2	3	2	1	3
2			2	4	3	4	3	2	4
3				2	1	2	1	4	4
4					1	0	1	4	3
5						1	0	3	3
6							1	4	2
7								3	3
8									2
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 2 PUPIL 2

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Got sticks	✓	✓	0	0	0	0	0	0	0	No sticks
Difficulties are centred in head	0	✓	0	0	✓	✓	0	0	0	Problems are not in the head
Can't walk; need chairs/cars	0	0	0	0	0	0	0	✓	✓	They walk OK
Breathing difficulties	0	0	0	✓	0	0	✓	0	0	Breathing is fine
They could play (movement)	0	✓	✓	✓	✓	✓	✓	✓	✓	They can't play as they would get hurt

SCHOOL C YEAR 2 PUPIL 2

	1	2	3	4	5	6	7	8	9
1		2	2	3	3	3	3	3	3
2			2	3	1	1	3	3	3
3				1	1	1	1	1	1
4					2	2	0	2	2
5						0	2	2	2
6							2	2	2
7								2	2
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 2 PUPIL 3

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Got sticks	✓	✓	0	0	0	0	0	0	0	No sticks
Machines to help them	0	0	0	✓	0	✓	✓	0	✓	Manage without machines
Having to sit a lot	0	0	0	0	0	0	0	✓	✓	They can walk
Having things in their mouths	0	0	0	✓	0	0	✓	0	0	Not needed
Need help from people or equipment	✓	✓	0	0	0	0	0	✓	✓	manage on their own

SCHOOL C YEAR 2 PUPIL 3

	1	2	3	4	5	6	7	8	9
1		0	2	4	2	3	4	2	3
2			2	4	2	3	4	2	3
3				2	0	1	2	2	3
4					2	1	0	4	3
5						1	2	2	3
6							1	3	2
7								4	2
8									1
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 2 PUPIL 4

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Needs sticks to walk	✓	✓	0	0	0	0	0	0	0	No sticks needed
Something wrong with face	0	✓	0	0	✓	✓	0	0	0	Face is OK
Needs a wheelchair	0	0	0	0	0	0	0	✓	✓	No wheelchair
Uses a machine	0	0	✓	✓	0	✓	✓	0	✓	No machine
Sight problems	0	✓	0	0	0	0	0	✓	0	Sight is good

SCHOOL C YEAR 2 PUPIL 4

	1	2	3	4	5	6	7	8	9
1		2	2	2	2	3	2	3	3
2			4	4	2	3	4	3	5
3				0	2	1	0	3	1
4					2	1	1	3	1
5						1	2	3	3
6							1	4	2
7								3	1
8									2
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 5 PUPIL 2

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
PAIR ✓	1	2	3	4	5	6	7	8	9	0 SINGLE
Needs help to walk	✓	✓	0	0	0	0	0	✓	✓	Can walk alone
Has problems with breathing	0	0	0	✓	0	0	✓	0	0	Can breathe OK
Can hear	✓	✓	✓	✓	✓	0	✓	✓	✓	Has problems with hearing
Can walk	0	0	✓	✓	✓	✓	✓	✓	✓	Can't walk
Needs to take things in the mouth	0	0	0	✓	✓	0	✓	0	0	Does not need to have tablets etc

SCHOOL C YEAR 5 PUPIL 2

	1	2	3	4	5	6	7	8	9
1		0	2	4	3	3	4	1	1
2			2	4	3	3	4	1	1
3				2	1	1	2	1	1
4					1	3	0	3	3
5						2	1	2	2
6							3	2	2
7								3	3
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 5 PUPIL 3

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Needs sticks	✓	✓	0	0	0	0	0	0	0	Does not need sticks
Can't breathe on own	0	0	0	✓	0	0	✓	0	0	Breathing is OK
Needs a wheelchair	0	0	0	0	0	0	0	✓	✓	Does not need a wheelchair
Has problems with the body	✓	0	0	0	✓	0	0	✓	✓	Has problems with other parts
Can't move on his own	0	0	0	0	0	0	0	✓	✓	Can move around

SCHOOL C YEAR 5 PUPIL 3

	1	2	3	4	5	6	7	8	9
1		1	2	3	1	2	3	3	3
2			1	2	2	1	2	4	4
3				1	1	0	1	3	3
4					2	1	0	4	4
5						1	2	2	2
6							1	3	3
7								4	4
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 5 PUPIL 4

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Needs sticks to get around	✓	✓	0	0	0	0	0	0	0	Doesn't need sticks
Has problems with walking	✓	✓	0	0	0	0	0	✓	✓	Can walk OK
Has breathing difficulties	0	0	0	✓	0	0	✓	0	0	Breathing is OK
Needs oxygen	0	0	0	✓	0	0	✓	0	0	Does not need to have oxygen
Knows what is going on	✓	✓	✓	✓	0	✓	✓	✓	✓	Does not know what is going on around him
Can hear OK	✓	✓	✓	✓	✓	0	✓	✓	✓	Can't hear

SCHOOL C YEAR 5 PUPIL 4

	1	2	3	4	5	6	7	8	9
1		0	2	4	3	3	4	1	1
2			2	4	3	3	4	1	1
3				2	1	1	2	1	1
4					3	3	0	3	3
5						2	3	2	2
6							3	2	2
7								3	3
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

SCHOOL C YEAR 5 PUPIL 5

	Spina Bifida	Blind	Diabetes	Cystic Fibrosis	Epilepsy	Deaf	Asthma	Cerebral Palsy	Muscular Dystrophy	
✓ PAIR	1	2	3	4	5	6	7	8	9	0 SINGLE
Can't move	✓	0	0	0	0	0	0	✓	✓	Can move about
Don't know what's going on	0	✓	0	0	✓	0	0	0	0	Know what is happening around them
Has breathing problems	0	0	0	✓	0	0	✓	0	0	Their breathing is OK
Can't bend	✓	0	0	0	0	0	0	✓	✓	They can bend over
Can see	✓	0	✓	✓	✓	✓	✓	✓	✓	They can't see

SCHOOL C YEAR 5 PUPIL 5

	1	2	3	4	5	6	7	8	9
1		4	2	3	3	2	3	0	0
2			2	3	1	2	3	4	4
3				1	1	0	1	2	2
4					2	1	0	3	3
5						1	2	3	3
6							1	2	2
7								3	3
8									0
9									

Key to Elements:

1	Spina Bifida	6	Deafness
2	Blindness	7	Asthma
3	Diabetes	8	Cerebral Palsy
4	Cystic Fibrosis	9	Muscular Dystrophy
5	Epilepsy		

APPENDIX F

SUMMARY OF COMMENTS made during the open ended discussion

The themes raised during the discussions fell into the following broad categories:

1. Practical difficulties of being in a mainstream school.
2. Difficulties with learning
3. Difficulties with play
4. Attitudes/feelings of the disabled
5. Attitudes/feelings of the non-disabled
6. Placement in mainstream or special schools

SCHOOL B YEAR 2 (Numbers refer to the topics above.)

1. They would need someone to look after them.
   If they came to school it would be hard for them to work.
   We would have to help them.
   They would block the way with their chairs.
   It would be hard for them to go down stairs.
   They might fall out of their chairs.
   They need to be looked after.

2. NONE

3. They might go too fast in the chairs if they were trying to play catch.
   You can't play with them.
   They can't go out to play.
   They might bang into others when they play.
   They play with sticks and have lots of fun and games.
   They have to go fast.
   They might fall over and hurt themselves very badly.
   They like to play with toys like lego.
   They feed the fish.
   They play with the steering wheel of the car.

4. People must be worried about themselves.
It is hard to give themselves injections.
She could die if she can't breathe for long.

5. NONE

6. NONE

SCHOOL C YEAR 2

1. It would be difficult for them to get machines and things around.
It would be difficult for the blind boy to see where he is going.
It would be difficult for children to come to school in wheelchairs because they can't go down the stairs.
If they have to sit in a wheelchair, they'd have to sit in a different chair in the classroom.
If they're blind, they'll need help to find the way round the school.
They'd need to have help if they were in school.
We'd tell them where the seats are.
We would help them to have drink of water.
If a blind boy came, he'd be able to hear but not see - he could feel your hand to "see" what we're like.
If they couldn't hear, we'd have to do sign language or lip reading.
It could be hard in a chair with the stairs.
Some of them may need to stay at home.
They could come to school in wheelchairs.
If they have problems eating, they might have to go somewhere private.
Going up the stairs in a chair would be difficult; they would need help to get the chair up first and then the person.
We would need to help them.
They might need to be shown where things are.
It would be difficult for them to climb up the stairs.
If they can walk, it would have to be slowly.
They can't put clothes on on their own.
The teachers would have to take good care of them.
A wheelchair might need lifting; you could get it to a table.
With some chairs they can turn the wheels themselves; or they can have electric ones with push buttons.
They won't be able to walk.

2. If someone can't see and miss told them to do some work they wouldn't know what to do.
In 2nd/3rd years they'd have to do first year work.
If they came to school it would be hard to work; we would have to help them.

3. If he went on the grass he'd get stuck because it is too wet.
He can't go really fast.
The people in wheelchairs couldn't stop on the hill.
If they're in special chairs in the playground they can roll round if they want to run.

We would be able to play with them.
Might go too fast in the chairs if trying to play catch.
We can't play with them.
They can't go out to play.
If he (the blind boy) played games, I'd have to move the counter for him.
If they've got a chair we'd help to push them out in the playground if they want to.
If they play outside, they would need someone to push them.
How do they play? They may not be able to play.
They can't run or do things with friends.
They have to be careful not to fall and trip.

4. They'd feel embarrassed if they can't see or talk or walk.
They wouldn't be happy.
They would be sad if they came to school.
It would be difficult for them to be in this school; they're handicapped and we're not.

5. It would be nice to have the (disabled) children in this school.
If some children pushed me down, I would tell the teacher. If some people were not my friends, I would tell the teacher.
People can bully him and he can't run.
Most people would be nice to them.
We could be friends with them.
We would be asking them questions We'd ask if they were born like that.
I would like to have them in school.
They'd like to enjoy to be in school to stay and play with us
I think he'd like to come to our school.
Not nice; they might push somebody; wouldn't like to have them in the class
He'd help them; if blind they could fall; take them to the teacher
Easy for children like that to come to school

6. It would be good for them to go to a special kind of school; they could learn to read and write and talk and play games.

SCHOOL B YEAR 5

1. It is only difficult in certain ways; otherwise they are normal
They need to have remote control wheelchairs
Those on crutches also have to have chairs
It is difficult for them to be in school in lots of ways: swimming; going out to play; they can't sit properly; they can't write.
It is quite difficult for them because they have a disability and they might not be able to think as well as normal children. They are really the same as us.
Moving around would be difficult
They have to be helped by adults.
Getting through people is difficult; they need someone to push them
They can do everything but need someone to help them for example, to get up if they are on the floor

Hard for them to eat; to do lots of things like running.
Some can't speak properly;

2. In school they are seen as very clever
If hands were affected you couldn't write but you could read
Some have computers because they can't write.
It could be difficult in class because writing could be hard.
Some find it hard to write if their hands are affected. Also colouring/making things/using saw/hot glue gun etc would be hard.
They have special things on their pencils to help them hold them properly.

3. It is difficult for them ; they can't do things in their wheelchairs
They would not be able to use hands for crutches
The playground is difficult; sometimes no-one pushes them. They are on their own in playground with no one to talk to them or to have fun.
There is one in a wheelchair who is always out to play. He tries to have fun.
There is one on crutches. He ignores his legs and has fun.
Playing football/netball would be difficult. They could play but it would be hard.
Play can be difficult as you have to be careful. Cops and Robbers is the favourite in school, so it's hard to catch people. They are the robbers so people can try to catch them.
They feel different; they wish they could run and play

4. They look at people running and think they can't do it
They would like to be able to do things like the others, like play football.
It's very hard because they can't do what other people can do; they feel like getting up from the wheelchair and running and playing with the other boys and girls.
If someone's blind they'd feel very left out because they can't see anything.
They don't like being stuck not doing things.

5. No one teases them
People take an interest and really like them
I would be shamed; I would be bullied because I was handicapped; I wouldn't be treated like the others.
They might treat you better than normal children.
At meal times they sit on their own. They are not allowed by dinner ladies to sit with others in case they are bullied.
Sometimes people who don't understand might upset them.
Ordinary kids think that it's OK; they're just normal with something a bit wrong; not many pick on them.
Can make fun of them for example, if they've got glasses they call then Four Eyes. They get different names because they are handicapped.
The ones in school should be treated the same as us.
People point at them.
I don't know if I like them
I feel sorry for ones who can't walk properly and who need to be picked up.

6. Special school would be best in case of teasing.
Difficult because some people might tease them (This comment was made by several children)

It's better where all people are disabled they can talk to each other and see how they feel.
They would be better in a handicapped school as there would be no one to bully them; the teachers would be good to them; the parents would help; dinner ladies would like handicapped people. I feel shamed they have to go to this school.
It is best to be with other disabled children or some people might make fun of them.
It is nice for them to be in school here, but still more for them to be in a school altogether as they find it hard to cope here as they get upset when people can do things better than they can.
They are better in a special school ; they want to blend in with the school.
It is difficult for them to come to this school because they don't have many people round who are handicapped and people make fun of them sometimes. They tease them because they can't walk or speak properly
It's better with all handicapped as they're all the same; it's difficult for them to be in this kind of school.
It's good for the non- disabled but I feel sorry for the disabled people.
I've heard of special schools on the news; I think that's a good idea so they can mix with people who've got same things and they won't feel left out.
It's different if they can't hear; they might do what they shouldn't be doing; they couldn't hear to cross the roads; they should be in special schools.
It is difficult to be here; it may be even worse on the first day especially if the only disabled one in the school.
It is good in a school just for them in some ways, but they have to learn how to get on with other people as well.
They would be best in schools like this. If they were just with other disabled children they might not enjoy it. They would not be able to join in things and no one would push them and play running games with them.
Schools like this are best because they've got other friends that aren't handicapped.
Being here may help them to get friends who can push them around. They can talk to people about their handicap.
This school is better because they want to feel as normal as possible.

SCHOOL C YEAR 5

1. Stairs are difficult for the disabled
If someone had epilepsy an attack might be a problem in class
It would be difficult to go out to play, to do PE, to go downstairs and to go to the toilets.
It is difficult to go up the stairs (comment made by many pupils)
A wheelchair couldn't get up the stairs so couldn't get to classrooms
They would need to be carried on the stairs
Carrying sticks up the stairs is also difficult
It would be a little bit difficult for them like getting down steps.
They can't reach high things
The boy couldn't go up the stairs; lifts would be needed
It would be difficult on the stairs and for running around
A wheelchair on the stairs would be difficult
With epilepsy; you can faint any moment; you don't know when it's going

to happen; it would not be good to move on stairs.
There needs to be person to take them somewhere like with the girl in the wheel chair
Getting into class the doors are too narrow
Schools should have lifts so they can get up here

2. They might find lessons difficult
Lessons would be difficult for the blind as they can't see.
They can't think
The girl couldn't hear the teacher
They might have a problem with thinking
Deaf children would not hear the teacher properly
They can draw nicely
It would be difficult for them because they would not understand much and we won't understand what they're trying to say.

3. It would be difficult to run about and to play ball games.
They can't go on the grass in wheelchairs
They could not do games in the gym
In a wheelchair they wouldn't be able to play on the grass or to play games.
In PE they couldn't play rounders or basketball in teams. They couldn't get the ball. In cricket they need to be able to stand to bat. Apparatus would also be a problem
They wouldn't be able to play in the playground

4. They are not equal; they think they can't do things like swimming like we can.
They would be sad because they know others are fine and they are not
Other people might make fun of them
If the teacher was telling them off because they were naughty they would feel sad and lonely

5. If they were deaf others might have to say things a lot of times and might get angry
We would be kind to them
It would be nice to make friends with them
Teachers are polite to disabled people

6. There are schools specially designed for the disabled; then they wouldn't have to go to the top floors.
If they were in a school where all are disabled they probably wouldn't feel different
Better to be in a school where people are disabled because people can look after them there
They would be better in a special school because they teach what disabled people can do.
Special schools would be best because teachers would help them
Better to be in special schools because they could have more help
Special schools because there are lots of them and they can have fun
Special school is a good idea because here some people might laugh; there they all have the same thing
Good in a handicapped school; it would have lifts and not be such hard

work

They need to be in a disabled school because if they came here people would tease them.

There could be disabled schools because in a normal school it would be more difficult for them

It would be good for them to be in this school so they'll get to learn things instead of staying at home

It would be better for them to be here because we learn about them and they can learn about us

They'd like it here to mix round with other children

It would be better here because it wouldn't be much fun if there were lots of people like that; they wouldn't be able to play.

It would be nice in a school like this

It would be nice for them to be here, to make friends; to be able to go in a few sports; to play outside; to play games together.

They should come to this school and we should help them.

It would be good for them to come to school to get to know people and to make friends

It would be good for them to be here because we'd help them

It would be good for them to be in a school like this because they'd have to make more schools where thy could get round.